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ABSTRACT

The purpose of this handbook is to assist Putnam City schools (Oklahoma) in implementing a comprehensive school health nursing program. Four substantive sections describe the school health program. Section 1, an overview, outlines the health responsibilities of parents, administrators, professional consultants, teachers, and nurses, and describes the facilities in the school clinics. Section 2 charts the duties of the school nurse throughout the year. The role of the school nurse in selecting student assistants and keeping health records is also described. Divided into 20 subsections, section 3 details all dimensions of the school nurse's job. Among the topics covered are: health assessment; mental health appraisal; vision, hearing, and dental screening; counseling; home visitations; and service to special needs students. Charts in this section list procedures for first aid treatment and communicable disease control. Section 4 describes Oklahoma immunization laws and school immunization procedures. Four final sections provide resource information as follows: section 5, health information agencies and books; section 6, school nurse license requirements; section 7, local ordinances concerning school health records; and section 8, copies of all health-related forms and official communications. (LP)

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HANDBOOK FOR SCHOOL HEALTH NURSING

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PUTNAM CITY SCHOOLS

HANDBOOK for SCHOOL HEALTH NURSING

Fourth Edition

Superintendent of Schools
Ralph Downs

Health Services Coordinator
Leah Leach, R.N.

August 1983

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PREFACE

School nursing in the Putnam City School District began in 1948. At this time the first school nurse was hired to serve the original elementary school located at northwest Fortieth and Grove. The role of the school nurse then was limited to vision and hearing screening, communicable disease control, first aid, and provision for the needy.

The nursing services since then have developed and expanded to the present fully organized Health Services Department. The District now provides a nurse for each of twenty four schools with a full time coordinator.

The specially trained school nurse of today is recognized as the key health professional within the school setting. She comes with a multiplicity of experiences, skills, and educational background to perform many different tasks in a variety of situations.

New methods in medicine and education, changing life styles, increased social problems related to drug abuse, new legislation for the education of the handicapped and health manpower shortages continually increase. These forces affecting pupils, parents, and schools create a growing demand for preventive health care.

Meeting these demands presents an endless challenge to the nurse, since the battle to maintain and improve health is never won. The health services provided within the school brings to our community undoubtedly the most cost effective health care available.

This handbook was first written in 1967 to assist our schools in implementing comprehensive school nursing programs. This newest edition has been compiled and written in catagories addressing goals with objectives and evaluations to guide the school nurse and other educators in providing the optimum in wellness. It is hoped that the handbook will be useful in guiding those who strive continually to fulfill the health needs of the student, home, school, and community.

ACKNOWLEDGEMENT

The Putnam City School District is grateful to the following publishers and organizations for their generosity in permitting the use of some of the materials contained in this handbook.

Guidelines for a Model School Nurse Services Program, National Association of School Nurses and National Education Association, National Association of School Nurses, Inc., 1981

School Health: A Guide for Health Professionals, 1981 American Academy of Pediatrics, 1981

School Nursing, A Framework for Practice, Susan J. Wold, R.N., M.P.H., C. V. Mosby Co, 1981

A Guide to School Nursing in Ohio, Second Edition, Ohio Association of School Nurses, Ohio Education Association, 1980

Handbook for the School Health Nursing Program, Missouri State Department of Education

For grammatical simplicity, the terms he and his may be used interchangeably with she and her throughout this text.

SECTION ONE

I. INTRODUCTION

A. An Overview of the School Health Program

An effective school health program covers three interrelated areas and is comparable to an equilateral triangle. The three areas are interdependent in that they support and supplement each other. The triangle consists of: (1) School Health Services, (2) Health Education, and (3) Healthful School Living. The school health program must be sufficiently flexible to adapt to various situations or needs. To be functional, it must be in harmony with the backgrounds of both the school and the community. The integrated program will show no pronounced demarcation of the various divisions of the school health program.

1. School Health Services

These services are the procedures used by the school administrator, physician, nurse, dentist, teacher, and are designed: (a) to appraise the health status of pupils and school personnel, (b) to counsel pupils, teachers, parents, and others for the purpose of helping pupils obtain needed treatment or for arranging school programs, (c) to provide a comprehensive follow-up program, (d) to help prevent communicable diseases, (e) to provide emergency care for injuries or sudden sickness, and (f) to protect the health of all school personnel.

2. Health Education

Health education is the process of providing learning experiences which favorably influence understanding, attitudes, and conduct relating to individual and community health. School health education is an integral part of the curriculum. It is planned and conducted by teachers in accordance with a school policy developed cooperatively with administrators, educators, and health personnel (including the school nurse on the curriculum committee). Health education helps children and youth learn how to live healthfully and provides them with knowledge and understanding useful in solving personal health responsibility. Pupils also gain an understanding of the function and structure of their bodies and the numerous factors that affect health.

3. Healthful School Living

Healthful school living encompasses all of the physical and mental environmental factors that contribute to the health and safety of the students and the total school staff. Its purpose is to provide the most beautiful environment possible for students while they are under the influence and care of the school.

B. Responsibilities of Those Who Provide Health Care to School Age Children

1. Parents

The primary responsibility for the health of the child from birth through the school years rests with the parents. They are responsible for: health care and supervision of children, providing for health needs such as food, shelter, medical care, clothing, and development of emotional stability.

It must be made clear to parents that the interest of the school in the health of children is a valid one--educationally, developmentally, and protectively.

School personnel who cooperatively work for the child's health must have the support and involvement of parents to achieve optimum benefits for children from the school health program. Parents should be consulted concerning the development and implementation of any phase of the school health program.

2. Administrators

The interest and support of the school administrator is essential to the success of the school health program. He should understand the health needs of the community, the school health program, the community health program, and should appreciate the role of the school nurse in meeting the needs of the school age child. The administrator is responsible for the development, implementation, and evaluation of the school health program. He recommends an adequate budget and secures the services of qualified school nurses and supportive personnel to implement and support the program.

The administrator has the responsibility for coordinating the health services with the instructional program. He relates the school health program to the parents, the local and state health departments, practicing physicians and dentists, and various community organizations.

3. School Principal

The principal administers the school health program at the building level. Some of the responsibilities of the principal are to:

a. Emphasize health as a basic objective of education.
b. Inform the school patrons of the health program and its functions.
c. Maintain channels of communication between the school and community.
d. Assist in the supervision of the school health nursing program.
e. Cooperate with various health agencies.
f. Provide for regular nurse-teacher conferences.
g. Support an effective screening procedure to identify the health needs of pupils.
h. Provide for time and opportunity for teachers to observe their pupils' health status.
i. Assist the nurse, parents, and other community resource personnel in securing adequate treatment for pupils.
j. Provide for an adequate functional system of health records.
k. Coordinate school health services and health instruction.
l. Arrange an inservice program in health education for staff members.
m. Provide a healthful physical environment for pupils and staff.
n. Provide an environment conducive to good mental health.
o. Provide for an organized plan of coping with natural and man-made emergencies.
p. Provide for a comprehensive safety program.

4. Professional Consultative Personnel

It is good administrative policy to secure the professional advice of physicians, county health officers and nurses, dentists, health organizations, and others, as the need arises. These consultative individuals may also be used as resource personnel to assist the teacher with classroom instruction on units of study in which they have expertise. The administrator, nurse, and teacher should be completely familiar with the program plans and purposes to be served when utilizing consultative personnel. Professional consultative personnel should be used in the areas of school health environment and health service just as freely as in health education. A good health program is reinforced by utilizing these persons with proper timing and frequency to insure their maximum contribution and acceptance by those involved in the health program.

5. The Teacher

Teachers are the foundation of the school health program. They contribute to the total health program by incorporation of health instruction into the curriculum and by working with the nurse in maintaining and strengthening the health of the students. Their observations, referrals, and follow-up actions are basic at all grade levels and in all program phases. A cooperative and mutually understanding relationship between the teacher and school nurse should provide for a free flow of information, policy, procedure, and an exchange of ideas, substantially contributing to the effectiveness of the health program.

Some of the responsibilities and duties of the classroom teacher, with respect to pupil health are to:

a. Help interpret the school health program to the home.
b. Participate in school nurse-teacher conferences.
c. Provide helpful information about pupils to the school nurse.
d. Report departures from normal health of any student to the school nurse.
e. Actively support the school health nursing program through the daily health education program.
f. Maintain hygienic and sanitary working conditions in the classroom and surrounding facilities.
g. Provide adequate supervision during recess and organized play.
h. Incorporate health concepts into every aspect of the curriculum.
i. Cooperate with and assist the school nurse during various health screening programs.
j. Present a good personal health image to students and faculty.
k. Utilize the school nurse and other resource persons in presenting certain subject areas as venereal disease, sex education, community

health problems, emergency care of the sick and injured, etc.

6. School Nurse

The primary responsibility of the school nurse is to strengthen the educational process through improvement of the health status of children and youth. School health supervision of children and youth is a professional responsibility and must be provided by professional registered nurses.

School nurse responsibilities are greatly determined by the amount of time the nurse is in the school to render school nursing services and the number of students under her supervision.

The school nurse has a leadership role in assisting the school administration and teachers in planning the essential elements of the school health program. The nurse works as a member of the school staff under the direct supervision of the principal and health services coordinator. She should assist in the provision of interrelated health and educational services in order to promote, protect, maintain, and improve the health of children and the school personnel.

The school nurse helps to promote the development of a cooperative working relationship between the school and community organizations.

The school nurse plans for continuous evaluation of her own professional skills and assists the administration with the evaluation of the total school health program.

7. Supportive Personnel

Clerical Assistants, PTA/Parent Volunteers, and School Clinic Aides may be grouped as supportive personnel.

The responsibilities of these supportive people depend upon the needs of the school health program.

It must be recognized that certain tasks may be performed by supportive personnel with direct supervision and guidance of the professional school nurse, thus creating a school health team.

With the team approach the school nurse can be freed of performing tasks which can be done by non-professionals. This should strengthen the effectiveness of the school nursing program.

C. Facilities, Equipment, and Supplies for the School Clinic

1. Facilities

The location of the School Clinic is important. The preferred location is adjoining the administrative offices. This facilitates exchange of information between the nurse, guidance personnel, and administrative staff to provide supervision when the nurse is not present.

The room should be adequate in size to insure privacy for examinations and personal interviews. Attention should also be given to proper lighting, ventilation, and acoustics. Lavatory and toilet facilities should be provided within the clinic.

The appearance of the clinic is most important. Walls with appropriate pictures should be kept freshly painted and attractive. The reception area must be pleasant and cheerful.

Office equipment and storage areas for records and supplies and appropriate lists and furniture should be provided and well maintained. The total area should be kept immaculate.

2. Equipment

a. Desk, secretary chair
b. Desk lamp, typewriter
c. Telephone and directory
d. File cabinets - appropriate size
e. Side chairs
f. Couches and pillows
g. Suitable linens
h. First-Aid stand with drawers
i. Step-on can or other suitable waste receptacle
j. Vision tester, audiometer, otoscope
k. Gooseneck lamp, floor model
l. Bulletin board
m. Platform scales
n. Portable screen(s)
o. Stretcher
p. Wheel chair
q. Sphygmomanometer and stethoscope
r. Organ models

3. Supplies

The approved list of supplies is found in Section VIII, PCHR 8R.

D. The School Nurse

Professional understanding and competencies of the School Nurse pertinent to each of the responsibilities given in this guideline include:

1. Professional and legal requirements as they relate to the school health services programs.
2. Human relations skills as they affect the development of the total school health services program.
3. Organizational and administrative aspects of the school health program.
4. Budgeting and accounting.
5. Comprehensive knowledge of all phases of growth and development.
6. Effective utilization of local, state, and national health resources.
7. Ability to design individualized and prescriptive health maintenance plans recognizing risk factors which may interfere.
8. Techniques of health counseling and guidance including referral to the appropriate resources.
9. Awareness of available programs for students with exceptional needs.
10. Ability to collaborate with other health professionals.
11. Knowledge of medical, nursing, and educational ethics.

SECTION TWO

II. RESPONSIBILITY OF THE SCHOOL NURSE

A. To the School Staff

Goal: To function as a contributing member of the school staff in all aspects of the school program.

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas should include:
    - a. Knowledge of school and district policies.
    - b. Knowledge of federal, state, and county laws and regulations pertinent to school nursing services.
    - c. Knowledge of the total school program.
2. The school nurse shall:
    - a. Participate in establishing or revising school and district health policies.
    - b. Comply with school and district policies.
    - c. Comply with federal, state, and county laws.
    - d. Interpret school health legal provisions to school administrators.
    - e. Alert school administrators to health trends and problems.
    - f. Explain district (educational) philosophy and policies when appropriate.
    - g. Attend and participate in faculty, staff, and community meetings.
    - h. Work effectively with other school personnel.
    - i. Determine criteria for qualifications and functions of health aides.
    - j. Orient, supervise, and evaluate the performance of health aides.
    - k. Counsel staff members regarding personal and family health problems.
    - l. Join and participate in local, professional, and educational associations.

B. After School Opens

1. Report to assigned school(s)
    - a. Become orientated with the school building.
    - b. Check and assemble health supplies and equipment for assigned schools:

(1) First aid kits, supplies, and standing orders, for all stations.
(2) Audiometer, vision tester, organ models, posters, etc.
(3) Clerical supplies, health and communication forms.
(4) Linens, blankets, pillows, and protectors, etc.

2. Talk with principal regarding:

a. The nurse's schedule for his school for the coming school year, getting approval for any plans.
b. Person who is to be designated to handle first aid in nurse's absence.
c. Schedule Basic First Aid training or review for secretaries, playground aides, clinic aides, and/or other person responsible.
d. Dates for screening programs, place to hold these, and persons to assist.
e. Pupils to be screened.
f. Date and time to talk with the faculty about:

(1) Health programs and policies.
(2) Control of communicable disease.
(3) Ways nurse can be of assistance to teachers.
(4) Communications - see letter i.
(5) Reporting 3 day absences due to illness.
(6) First aid and standing orders.
(7) When requested - assist in teaching health or related subjects.

g. How health records are to be serviced in the school:

(1) Responsibility of clerk, secretary, counselor, or other personnel enrolling students:

(a) Starting health records for each new student enrolled.
(b) Transferring health records in and out of system.
(c) Notifying nurse of withdrawals.

(2) Responsibility of nurse:

(a) Instruct personnel in completing health records.
(b) Record pertinent health information of students; file accident reports.
(c) Update records at regular intervals.
(d) Complete personnel directory file.
(e) Keep detailed Daily Clinic Register and Medication Record.

h. Involvement with IEP's.

i. Teacher - nurse referrals:

   (1) Those with an elevated temperature.
   (2) Those with symptoms of contagious disease.
   (3) Those who become ill in school - having nausea, vomiting or diarrhea, severe toothaches, earache, leg or joint pains.
   (4) Those who have siblings known to have contagious diseases.
   (5) Suspected child abuse/neglect.

3. Confer with PTA Health Chairman:

   a. Acquaint with program and policies of school health services.
   b. Discuss classroom need of First Aid boxes - the contents, etc.
   c. Discuss programs for screening and any special projects needing PTA assistance.
   d. Make any necessary arrangements for instructing volunteers.
   e. If requested, make talk to PTA - discuss topic, time, and date.

C. General Procedure Suggestions in the Clinic

1. September through December

   a. Assemble records by grades. Check all records for immunization compliance and take any necessary action.
   b. Review health records, noting health problems such as epilepsy, diabetes, vision, hearing, and other health related conditions. Conduct parent and student conferences, either personal or by phone, updating status of conditions, changes in medicine, and any special care needed at school. Complete necessary information forms and update health records.
   c. Advise school personnel having responsibility of the student of any health problems by giving them a completed confidential information sheet (PCHR 28). Conduct inservice for these regarding the student's needs, medications, and any special care plans. Attach copies of information and make appropriate nurses notes on health record.
   d. Select student assistants for the clinic (secondary level).
   e. Send update forms home, collect, and file. This may be done at spring enrollment.

   f. Encourage each teacher to appoint or elect a first aid captain to serve the room.
   g. Plan a meeting with the first aid captains to teach first aid.
   h. Follow up referrals not corrected last year.
   i. Ask teachers to report any corrections such as glasses or ear treatments done during the summer months.
   j. Schedule and give classroom health talks.
   k. Discuss the procedures for control of contagious disease with the faculty.
   l. Begin regular screening programs.
   m. Schedule and conduct screening for all new students, special education, and previously identified problems.
   n. Conduct inservice for faculty.

2. January through March

   a. Conduct scoliosis screening in January.
   b. Complete all other screening programs.
   c. Check on vision and hearing corrections completed during holidays. Follow up on those not corrected.
   d. Conduct dental health teaching program.
   e. Conduct growth and development program for 5th and 6th grades.

3. April and May

   a. Complete all health records. Apply signals to cards as needed.
   b. Make a list of 6th grade and 9th grade records.
   c. Deliver 6th and 9th grade records to receiving schools at least one week prior to last day of school. Include a copy of list above.
   d. Make a list of problem cases for use at beginning of coming year.
   e. Complete inventory, requisition, and nursing summary reports for principal and coordinator.
   f. Plan calendar for coming year.
   g. Leave sufficient forms for summer enrollment.
   h. Secure all health records in locked area.

D. Selection of Student Assistants (Secondary Level)

1. Objectives:

   a. To provide the students with a practical opportunity to participate in health experiences.
   b. To provide an opportunity for students to develop poise in meeting and handling people.
   c. To provide vocational guidance for students interested in a career in fields of health.

   d. To release school nurse for other duties such as counseling and guidance of students on matters pertaining to health.

2. Procedure:

   a. Select students with the advice and assistance of the counselor and teachers.
   b. When possible or if there is room, assign as many students in the busy periods of the day as necessary.
   c. Obtain written parental consent for the student to serve as clinic assistant.

3. Qualifications of student assistants:

   a. There should be a desire on the part of the student to spend one hour per day in the clinic.
   b. Health and social attitude of the student must warrant their selection.
   c. Must maintain a high scholastic standing and have a schedule that is not overloaded.

4. Preparation of the student:

   a. Hold an organizational meeting as early as possible in the school year to discuss the opportunity offered and service expected of clinic assistants.
   b. Hold meetings for as many times as necessary to teach procedures pertinent to duties in the clinic. All students must complete a Basic First Aid Course as soon as possible.
   c. Give each student a printed list of policies guiding their conduct while attending the clinic.
   d. Teach telephone etiquette.
   e. Teach how to approach students and visitors.

5. Duties of student assistants:

   a. The student is responsible at all times to the school nurse and in her absence to the school office.
   b. All information learned is confidential. Any deviation from this policy is grounds for immediate dismissal.
   c. Receive visitors or students reporting to clinic, determine and record reason for visit.
   d. Become familiar with all clinic equipment and be responsible for keeping it in order. Clean the equipment daily.
   e. Render first aid within limits taught.

   f. Record temperature, pulse and respiration on students for re-admittance and those complaining of illness.
   g. Learn when to refer the student immediately to nurse or office.
   h. Prepare to interpret the rules for exclusion and readmittance if approved by the nurse.
   i. Assist in screening programs.
   j. Record important facts on clinic registry, but not on Health Record.
   k. General housekeeping.
   l. Clerical work as directed.
   m. Answer telephone - record messages in writing.

6. Evaluation:

   a. Did the students do acceptable work?
   b. Did the students personality develop with the experience?
   c. Were the affairs for the clinic conducted with efficiency and dignity?
   d. Does the faculty respect the opportunity afforded the student?
   e. Is provision made for discontinuing the service when the student fails to desire it or proves not to be an acceptable assistant?

E. Pupil Health History and Records

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas should include:

   a. Knowledge of school and district policies.
   b. Knowledge of state laws regarding collection, maintenance and confidentiality of pupil health information.

2. The school nurse shall:

   a. Establish and maintain adequate health records.
   b. Periodically review health status of students with identified health problems and refer when necessary.
   c. Obtain a medical and developmental history at the time of initial enrollment of all students if indicated.

3. Health history

Pertinent health history is an important part of determining health status. From the parent, the school nurse obtains knowledge of the child's psychosocial development, physical growth and development, including prenatal, neonatal and childhood health problems that may influence learning ability. Health history includes communicable diseases, febrile or chronic illnesses, injuries, hospitalizations, severe allergies, immunizations and medical/dental care in process.

Conferences with parents to obtain health history may be at school as part of the health assessment, in the pupil's home as part of a health referral, by telephone to update present information, or by letter if the need for information concerns many pupils.

A valuable source of health information is the pupil. Even very young children can relate their experiences in the hospital, the doctor's office, their food preferences, sleeping habits, and most important, their feelings. Because many tasks need to be accomplished, school nurses may tend to do things to pupils instead of for pupils. The few moments used to talk with the pupil can be a learning experience for both the school nurse and the pupil.

4. Pupil health records

School health records are a cumulative record of each pupil's health status to provide information useful to school personnel for better understanding of academic progress. Pupil health records are required by state law as part of the school records. They are open to the pupil's parents or legal guardians and to the pupil, if age eighteen or over. Recording on the health record must be objective and within the school policies for all school records.

School health records should transfer between schools in the district and be included with the academic record when the pupil is no longer in the school. Copies of the health record should be included with other school records being transferred to another school district.

Within the school, pupil health records should be handled with care as law protects the confidentiality of pupil information.

Information recorded on the pupil health record includes health and immunization history, health assessments, medical/dental examinations and treatment, school staff observations, parent and pupil conferences, and care of illness and injury occurring at school.

SECTION THREE

III. ROLE OF SCHOOL NURSE

A. In Health Assessment

Goal: To assess and evaluate the total health and developmental status of each student through nursing assessment and the use of appropriate evaluative techniques.

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas should include:
   a. Discrete nursing observation of physical status of the "well-child."
   b. Recognition of subtle health problems.

2. The school nurse shall:
   a. Conduct planned individual student health assessment and make referrals when necessary.
   b. Develop and implement an individualized health maintenance plan with student/parent.
   c. Report to the teacher and other appropriate personnel findings and follow-up on recommended educational adaption.
   d. Conduct inservice education for teachers to assure the understanding of any health problems.
   e. Conduct teacher-school nurse conferences annually and as necessary during the school year.

3. Determining the health status of pupils

It is essential to know which pupils have chronic health problems such as diabetes, epilepsy, or severe allergies; what medical management they receive and how the problem may influence the pupil's behavior and academic achievement.

To determine the health status of pupils, the school nurse uses many sources of health information such as information from medical and dental examination reports, parent and pupil conferences, health assessment by the school nurse, school staff observations, and pupil health records. The health status of many pupils is determined at the time of initial enrollment through a registration procedure which should include a health assessment by completion of a health history by the parent. For most pupils, health assessments throughout the school years will demonstrate positive health care by parents and health care providers.

It is not intended to diagnose defects or pathology, but to evaluate need for medical/dental examination and care.

Should a possible health problem appear, the school nurse may use all of the sources of health information during the process of assessment, referral, and follow-up.

Health assessment objectives, methods, equipment needed, and criteria for referral are summarized on the following pages.

4. School staff observations

The teacher occupies a front-line position in relation to the pupil's physical and emotional health as well as academic accomplishment. The teacher sees the pupil from the viewpoint of health differences in children. Being familiar with the usual appearance and behavior of each pupil, the teacher can detect the variations that might indicate health problems including suspected child abuse and communicable diseases. The school nurse should assist school staff members to be health observers and encourage them to communicate any health related concern.

The principal is a valuable member of the observing team as he/she often knows the families. The principal may be aware of problems in the home or may know of past or present health or school history that would add insight into possible health problems.

5. Physical examinations

There are different opinions regarding the advisability of periodic physical examinations for pupils, however, most educators and physicians agree that a medical examination prior to initial entry into school and annually thereafter is sound policy. The purpose is to evaluate the child's physical ability to make satisfactory school progress, to determine the need for adaptation of the school program for the individual and to update immunizations. Additional physical examinations are indicated if a health problem is suspected and as required for participation in sports.

6. Exploitation of school programs by special interest groups

Pupils are captive populations, and special interest groups at times exploit them for self-serving purposes. Such exploitation can include commercial messages; dietary fads or personal religious or philosophic points of view; unjustified screening surveys for chronic diseases; and special "health" or "educational" assessments leading to directed referral for further, costly diagnosis and/or treatment. Health professionals serving schools must remember that school health programs are justified by their relevance to school educational objectives.

Any special health education or screening program considered for use in Putnam City Schools must be approved by the Health Services Coordinator and/or central administration.

B. In Emotional and Mental Health Appraisal

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas should include techniques of crisis intervention.

2. The school nurse shall:

   a. Promote and assist appropriate school staff to provide inservice education for school personnel to assist them in recognizing early symptoms of emotional and mental health problems.
   b. Assist teachers in the development of a mental health unit.
   c. Conduct individual student assessment and counseling as needed.
   d. Conduct parent conferences.
   e. Collaborate with appropriate school and professional personnel to develop individualized mental health plan with student/parent.
   f. Refer to other appropriate personnal as indicated.
   g. Participate in case conferences and periodically review the mental health care plan to provide for follow-up and adaptation of the educational program.

C. In Cardiovascular Appraisal

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

   a. Blood pressure techniques.
   b. Recognition of cardiac problems.
   c. Principles of heart disease prevention.
   d. Recognition of risk factors.

2. The school nurse shall:

   a. Conduct inservice to assist teachers in the development of an educational program about the cardiovascular system.

b. Conduct blood pressure screening program.

c. Confer with parent to obtain family cardiovascular history if indicated.

d. Refer for appropriate care and follow-up.

e. Follow-up on medical recommendations and report to teachers and appropriate school personnel.

f. Refer student to appropriate special education program, if indicated.

g. Periodically review students with identified cardiovascular problems and revise health maintenance as needed.

Even though elevated blood pressure of medical significance is seldom found in presumable well school-aged children, determination of blood pressure should be included in the routine health appraisal. Rarely, unsuspected vascular anomalies or renal and adrenal disease may be detected. Essential hypertension in children is rare.

The significance of moderate blood pressure elevations without renal or vascular disease in children of school age is unknown. In many instances, the elevation is transient and repeated determinations, even during the same examination, will reveal falling systolic blood pressure as the child relaxes and the novelty of blood pressure determination disappears. Children with blood pressure at the upper end of the normal range may be more likely than others to become hypertensive adults. However, it has not been established that these children may be managed to prevent adult hypertension.

3. Procedures and referral criteria

The examiner should be at eye level with the manometer. It is important that an appropriate size cuff be used for checking blood pressure.

In school-aged children 10 years and younger, systolic blood pressure of 130 mm Hg or greater and diastolic blood pressure of 90 mm Hg or greater that persists for several determinations during the health examination warrant re-evaluation in several days or weeks. Persistence of these levels of blood pressure merits referral for further observation. Similar screening levels for older children of both sexes are 140 mm Hg systolic and 95 mm Hg diastolic.

D. In Growth and Development Appraisal

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

    a. Comprehensive knowledge of all phases of growth and development.
    b. Ability to use height and weight grids accurately.

2. The school nurse shall:

    a. Periodically assess students height and weight accurately and record on health record.
    b. Confer with parent to obtain family developmental/medical history.
    c. Refer student for appropriate care and follow-up as indicated.
    d. Follow-up on medical recommendations and report results to teachers and other school personnel.
    e. Periodically review health status and revise health maintenance plan as needed.

3. Procedures and referral criteria

The program should be scheduled early in the school year with the individual school principals. Appropriate school personnel should be informed of the "screening" and the schedule placed on the school's activity calendar. The growth screening program should be an integrated educational activity carried out at the appropriate grade levels. Before and during the screening program, classroom or group discussions, projects, etc., may be useful for health education about the individual student's growth and development.

Follow-up attention should be given to those students who: lose weight, especially when the cause is unknown; show no weight or height gain; show an excessive gain.

Parent-student-nurse conferences should be used as a follow-up tool concerning possible referral of the student to the family physician for evaluation.

A nurse-teacher conference for growth and development evaluation of the individual students should be conducted as needed. Nurse-student conferences concerning growth and development from year to year are also recommended.

E. In Special Appraisal (urinalysis, diabetic survey, anemia, etc.)

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

    a. Knowledge of special screening techniques.
    b. Knowledge of significance of special screening results.

2. The school nurse shall:

    a. Require the sponsoring agency to:

        (1) Maintain legal and ethical standards.
        (2) Demonstrate the educational value of the screening for students.
        (3) Be judicious in the use of student and personnel time.

    b. Accept the assignment to:

        (1) Coordinate and monitor the program.
        (2) Plan its educational components.
        (3) Report to parents.
        (4) Follow-up on referrals.
        (5) Provide written report of screening results on each student.
        (6) Follow-up on medical recommendation and report to teachers and appropriate personnel.
        (7) Periodically confer with student with identified problem and revise health maintenance plan as indicated.

F. In Vision Screening

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

    a. Vision conservation techniques.
    b. Vision appraisal techniques.

2. The school nurse shall:

    a. Assist teachers in the development of an eye health education unit to precede vision screening.
    b. Conduct screening programs, report to parents, and record.
    c. Refer for appropriate care and follow-up as indicated.
    d. Develop an individialized vision conservation plan with student/parent.
    e. Report results of screening and school nurse's

recommendations to teacher and other appropriate school personnel.

f. Follow through on eye specialist's recommendations.

g. Refer student to the program for the visually handicapped if indicated.

h. Periodically review visual status of each student with identified problem and revise conservation plan as needed.

3. Procedures and referral criteria

Tests for distant visual acuity is administered with a Snellen wall chart or a Good-Lite vision tester placed exactly 20 feet from the child or by an optical instrument that simulates this distance. Young children should be prepared for the test in the classroom so they will be at ease when tested and will know how to make appropriate responses. In preschool children and those in the first two grades, the illiterate "E" test rather than standard letters is used on the testing chart. The room should be evenly lighted, with bright light from windows eliminated. The Snellen chart should be placed at eye level for the average child being examined.

Children wearing glasses should be tested with them on.

Both eyes should be open during the test; a card or paper should cover the eye not being tested. The examiner should observe this procedure closely to avoid confusion and facilitate recording, e.g., the right eye is tested first, then the left. In the illiterate "E" test, the child indicates the direction in which the open end of the letters (the "legs") are pointed. Half or more of the letters or symbols in a given line must be read correctly to "pass" that line.

The Titmus or Keystone Vision Testers are precision built optical instruments designed for rapid and precise measurement of visual performance. Types of testing done with the machines are right and left acuity, vertical and lateral muscle imbalance, and color blindness.

All children failing any first screening should be rechecked approximately one week later before referral is made.

4. Vision Screening Tests

Test	Purpose	Age group	Referral criteria
Direct observation	Observe for obvious ocular pathological conditions	All ages	Nonallergic inflammations Frank strabismus Corneal or lenticular opacities Any detectable disease process
Titmus Vision Tester or Keystone Vision Tester	Visual Acuity, far and near Muscle balance or binocular coordination: observes errors in eye alignment with gaze fixed at distant and then near point to estimate deviation from parallel; detects heterophoria (latent strabismus) and heterotropia (manifest or frank strabismus)	Screen annually Grades - K,1,2,3,5,8,10,S.E., new and referred students	Consult reference manuals
	Color Blindness	8th	Color blindness usually not referred as it is not treatable; failure on test indicates need for vocation and pre-driver's training counseling. Advise student, parents and teachers.
Snellen chart or Good-lite	Visual acuity Far	All ages	Refer any who have a distance acuity of 20/40 or less in one or both eyes, or those having a difference of 2 or more lines.

REFER ALL STUDENTS WITH FREQUENT SYMPTOMS OF EYE PROBLEMS REGARDLESS OF SCREENING RESULTS.

G. In Auditory Screening

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

    a. Hearing appraisal techniques.
    b. Hearing conservation techniques.

2. The school nurse shall:

    a. Assist teachers to develop an ear health education unit to precede the auditory screening.
    b. Conduct screening programs; report to parents and record.
    c. Develop individualized hearing conservation plan with student/parent.
    d. Refer and follow-up as indicated.
    e. Report results of screening and school nurse recommendations to teacher and other appropriate personnel.
    f. Follow through on medical recommendations.
    g. Refer student to the program for the aural handicapped if indicated.
    h. Periodically review the aural status of each individual student with an identified problem and revise hearing conservation plan.

3. Procedures and referral criteria

The room used for hearing screening should be as quiet as possible because background noise interferes with the accuracy of the test and leads to false positive results. When hearing screening is conducted in schools, examples of background noise are adjacent toilets, band rooms, halls, fluorescent light hum, typewriters, etc. Children always should be tested individually. In school-based testing, large groups should not be kept in the waiting area because of the attendant noise and confusion.

Younger pupils should be prepared for testing by describing and demonstrating the procedure in the classroom to the whole class. The volume of the audiometer signal can be increased to the level at which members of the entire class can hear the tones when the headphones (functioning as small "speakers") are held up before them. Thus, pupils can be familiarized with the signals and taught the desired response, e.g., raising the hand or signaling with the forefinger to acknowledge that they have heard a sound.

Before starting the day's screening examinations testers (who presumably have established that their own hearing is normal) should test their own hearing at the screening intensity to determine if the audiometer is functioning correctly at all frequencies and if the background noise in the room is too great for satisfactory testing.

After children have been instructed about the response expected, the two headphones of the audiometer should be carefully placed over their ears. Glasses and earrings should be removed, and chewing gum should be prohibited. Care should be taken to assure that the earphones fit snugly, are centered over the auditory meatus, and are not blocked by long hair.

The test is then begun by presenting a 1,000 Hz tone at 20 dB in either ear and obtaining a response or lack of response. If a response is obtained, testing then proceeds in a similar manner at the frequencies of 2,000 and 4,000 Hz. If no response is obtained at 1,000 Hz, some testers proceed with the other frequencies at the 20 dB level; others increase the intensity to insure that the instructions are understood and a response can be obtained, then return to the 20 dB level.

After one ear has been tested, the identical procedure is followed for the other. Testers must be especially careful not to indicate by motions of their hands, facial expression, or rhythm of sounding the tone, when they are giving the signal. Repeat presentations at some frequencies may be indicated if testers suspect that a response is the result of an extraneous sound, such as a mechanical click from the audiometer or a door slamming.

Children who fail to hear 1,000 or 2,000 Hz at 20 dB or 4,000 Hz at 25 d B in one or both ears are candidates for retest after at least one week. In younger children, eustachitis and otitis media accompanying respiratory tract inflammations may produce temporary conductive impairment. This condition can by identified by tympanometry, whether or not the hearing screening test is passed. If on retest the child fails the sweep-check screening exam, a threshold test should be done.

The threshold test, as the name implies, seeks to establish the lowest intensity level at which a child can hear tones of a given frequency. Each ear is tested at 250, 500, 1,000, 2,000, 4,000, and 6,000 Hz. At each frequency the intensity of the tone is increased from 0 dB upward (louder) until a response is obtained. The intensity is then reduced in steps of 10 dB from this level (using interrupted presentations) until no response is obtained. Then the tone is presented in 5 dB increments (suitably interrupted) until a level is reached at which the child hears the tone. The same procedure is followed for each frequency. These findings are posted on an audiogram and attached to the health record. Referral criteria is listed below.

All audiometers should have regular electroacoustic calibration (oftener if they have sustained damage) to insure their accuracy.

4. Auditory screening tests

Test	Description	Age group	Referral criteria
School screening audiometery	Individually administered pure tone sweep check; may be followed by threshold testing	Screen annually K,1,2,3, 5,8,10, S.E., new and referred students	Refer only after pupil has failed acuity screening, rescreening and threshold has been determined. REFER ALL PUPILS WITH FREQUENT SYMPTOMS OF EAR PATHOLOGY REGARDLESS OF SCREENING RESULTS. 25 dB or greater at two or more frequencies in one or both ears; 35 dB or more for a single frequency in either ear.
Impedance audiometry	Uses acoustic impedance bridge instrument to assess middle ear	Individual referrals	Consult reference manual

H. In Dental Screening

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

   a. Dental appraisal techniques.
   b. Plaque control techniques.
   c. Principles of nutrition and dental health education.

2. The school nurse shall:

   a. Assist teachers in the development of a dental health education unit to precede the screening program.
   b. Conduct dental inspection, counsel students, and report findings to parents.
   c. Refer for appropriate care and follow-up as indicated.
   d. Plan dental health maintenance with student-parent.
   e. Report to teachers the findings and recommendations.

3. Procedures and referral criteria

Dental caries is the most prevalent chronic disease of children in the United States and the major cause of loss of teeth in children and adolescents. Caries-related health problems include school absence, inappropriate diet, and negative self-image. Children also have a high prevalence of malocclusion and gingivitis. Thses maladies should be corrected because they may lead to periodontal disease, which is the main cause of loss of teeth in later years. Any program of periodic health appraisal should include a dental examination. This examination should be performed by or under the supervision of the child's own dentist.

Dental screening, as differentiated from dental examination, may be provided by a dentist, a dental hygienist, or the school nurse. Dental screenings are mainly for educational, program planning, and evaluation purposes. They will achieve greatest educational value if conducted in the carefully planned program which includes a classroom activity to provide knowledge about the inspection and its value to the individual. The parents and child should be informed of the general condition of the child's mouth and of the procedures necessary to maintain or improve dental health. Absence of visible defects does not indicate treatment is not needed. A more complete examination by a dentist is always required. As with any screening procedure, false negatives occur. School dental programs should be planned as an integral part of the total school health program. Because a majority of school children will require dental care at least annually, screening programs must encourage parents and children to visit their dentist. Screening without follow-up is of little or no benefit.

4. Dental screening tests

Problem	Screening method	Age group	Referral criteria
Dental caries	Use of tongue blade and flashlight to examine teeth for visible decay	School age children	Penetrable soft discolored lesions on tooth crown
Periodontal disease	Observation of color, texture, and shape of gums; check presence of subgingival calculus	School age children	Overt inflammation and hemorrhage (eruptive gingivitis around loose primary and newly erupted secondary teeth is common and not in itself cause for referral)
Malocclusion	Observation of bite, spacing, crowding, and overlapping of teeth; note missing teeth	School age children	Any lower teeth outside upper teeth when biting together; presence of two teeth in space for one; overlapping teeth

I. In Orthopedic and Posture Screening

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

   a. Orthopedic screening techniques.
   b. Knowledge of musculoskeletal maturation and principles of good posture.

2. The school nurse shall:

   a. Recommend the provision of appropriate sized furniture for each student.
   b. Assist teachers in the development of posture education unit preceding orthopedic screening.
   c. Conduct scoliosis and orthopedic screening and rechecks.
   d. Report findings to parent or guardian with referral for appropriate care and follow-up as indicated.
   e. Report results of screening and school nurse's recommendations to teacher and other appropriate personnel.
   f. Follow through on medical recommendations.
   g. Refer student to the appropriate special program if indicated.
   h. Periodically review orthopedic status of each student with an identified problem and revise the health maintenance plan as needed.

3. Procedures and referral criteria

The term scoliosis is used to describe a lateral, S-shaped curvature of the spine that may occur in the cervicothoracic, or thoracolumbar regions. Etiologically, scoliosis is classified into two main types, nonstructural, or functional, scoliosis and structural scoliosis. Nonstructural, or functional, scoliosis involves no vertebral changes--such curves are postural or compensatory (such as for a leg length discrepancy) and disappear during forward or lateral bending; correcting the exogenous cause (such as poor posture) will correct the scoliosis; medical treatment is usually not indicated. Structural scoliosis refers to a lateral curvature in which the vertebrae are rotated, producing visible changes such as the characteristic "rib hump" that is visible with the patient in a forward bending position; early detection and treatment of structural scoliosis is vital in preventing or minimizing progressive disability.

Structural scoliosis is etiologically classified as idiopathic, congenital, neuropathic, myopathic, osteopathic, thoracogenic, and miscellaneous. By far the most common type of scoliosis, with estimates of prevalence ranging from 70% to 80% is structural idiopathic scoliosis, the causes of which are poorly understood as the label implies. However, recent studies have demonstrated a genetic basis (probably transmitted by an autosomal dominant gene) for idiopathic scoliosis. This genetic basis for scoliosis has led to broadened screening efforts to include siblings of affected children as well.

Precise prevalence figures for scoliosis are lacking, but estimates suggest that approximately 4.5% to 5% of children are affected, with girls affected nearly eight times as often as boys. Idiopathic scoliosis is further classified as infantile, which affects children ages 0 to 3 (usually boys) showing a left thoracic curve; juvenile, a right thoracic curve with onset between ages 4 to 10 years; and adolescent, which affects children age 10 years to skeletal maturity (primarily girls) usually showing a right thoracic or right thoracolumbar curve, 80% to 90% of all cases of idiopathic scoliosis occur in preadolescent or adolescent girls.

Detection of idiopathic scoliosis in its early presymptomatic stage is difficult for a number of reasons. Children age 10 and older tend to be generally healthy and therefore do not necessarily have regular physical examinations. For those who do have periodic physicals, assessment of the back may not be included or may not be properly done. In addition, postural changes due to spinal curvature develop insidiously, so that the child and his parents may not notice them. This is further complicated by the fact that parents of older children and adolescents generally do not see their children undressed and therefore have no opportunity to observe the change. Adolescents who are aware of the change are not likely to report it, since the abnormality threatens the body image and identity they are trying to establish. Indeed, in some cases the first observation that something is wrong is the result of ill-fitting clothes (due to one shoulder being higher that the other, for example) or uneven hemline.

Because (for reasons just given) scoliosis is not likely to be detected early by parents, family physicians, or children themselves, and because early treatment of scoliosis minimizes the severity of this incurable condition, screening of at-risk groups is an important case-finding tool. Early detection of scoliosis allows use of non-surgical treatment such as the Milwaukee brace; if treatment is delayed, spinal fusion may be necessary and yet not totally safe or satisfactory. The severity of the scoliotic curve increases rapidly during the adolescent growth spurt, adding to the urgency of early detection and treatment for adolescents. Untreated scoliosis can have serious complications in adulthood, including cardiopulmonary failure, chronic back pain, psychological problems resulting from the changed body image, and employment problems due to employers' reluctance to hire persons with known back deformities.

Thus the school can make an important contribution to students' immediate and long-range health by providing scoliosis screening. The high-risk population, for whom annual screening is suggested, includes students age 10 and older, especially those in grades five through nine, plus the younger siblings (of any age) of students who are known to have scoliosis.

The actual screening is done by the school nurse and physical education teacher. Screening is best done when the chest and back are uncovered; therefore, screen boys and girls separately. Ideally both boys and girls should be stripped to the waist, although a brassiere will not interfere with the examination.

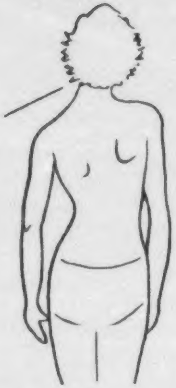
Pupils should stand erect, shoulders back, head up and gaze straight ahead, hands hanging at sides, knees straight, and feet together. Specially trained screeners should observe (1) tilt of the shoulders, (2) rib-cage bulge and shoulder blade protrusion, (3) non-symmetrical contour of the sides of the body (flanks) and hips, (4) lateral curvature of the spine, and (5) shoulder shift (upper back).

The pupil should then slowly flex forward to a right angle at the hips, head hanging in a relaxed, dependent position, arms dangling relaxed from the shoulders, palms pressed together, and knees straight. The screener should observe the surface of the back at eye level to detect prominences of the thoracic ribs (rib hump) and paravertebral areas. The chest should appear symmetrical in this position. An imaginary line drawn from scapula to scapula should be parallel to the floor. The pupil should then slowly resume the erect position so the examiner can observe the dynamics of back movement between the erect and forward-bend positions.

Rescreening for those who fail the initial test is done by a physiotherapist furnished by Oklahoma Society for Crippled Children. Since any spinal curvature is abnormal, students found with even the slightest spinal abnormality should be referred to a physician for further evaluation. Again because of the rapid progression of scoliosis during adolescence, the immediacy of follow-up should be emphasized.

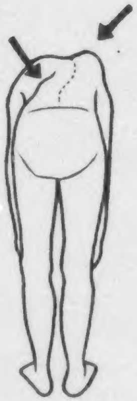
1

The shoulder tilt is sometimes obvious, more frequently slight. One shoulder is noticeably higher (or lower) than the other. The examiner will be able to identify "tilt" easier at a distance of 5 - 10 feet than close up.



2

A bulge of the rib-cage will usually be present in a curve which involves the upper or mid-portion of the back, and it will generally make the lower angle of the shoulder blade protrude or "wing-out" so that a difference in prominence of the two shoulder blades will be noted. The examiner should look down the length of the individual's back and compare the upper back with a plane projected vertically from the buttocks. The difference in prominence of the right and left halves of the upper back may be especially conspicuous.



3

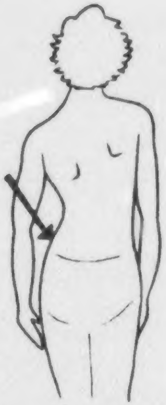
The contour of the two sides of the subject's chest or lower-back will often be different.

The flank may be flattened or bulging on one side and pulled in on the other, producing a concavity.

There may be a fold in the skin on one side of the back and not on the other.

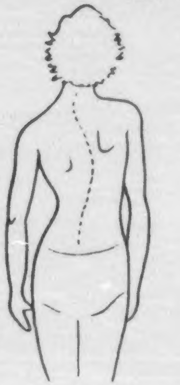
Where the flank is concave, the hip just below it may be prominent laterally, and the individual may have had the impression that this hip is higher than the other.

When the arms are hanging fully relaxed, there may be more distance between the arm and the body on one side than the other.



4

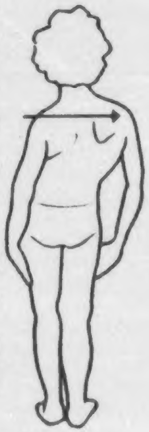
If the subject is relatively slender with surface bony landmarks readily visible, the deviation of the spine into an "C" or an "S" curve pattern may be identified. A plumbline shows the extent of the deviation. Marking the skin over the bony prominence of each vertebra (the "spinous process") with a ball point pen or a felt tipped marking instrument shows it with additional clarity and may be done by an examiner when it is felt necessary.



5

If the various portions of the scoliotic curve do not equalize each other, there will be a lateral shift of the upper back, and the plumbline when centered on upper back will not fall through the center of the pelvis. Both the rib bulge and the deviation of the spine will often be better demonstrated by having the subject bend forward to show the surface of the back viewed "end on". This will make it easier to see the spinous process of each vertebra. While this forward bending makes the scoliosis more visible, it tends to reduce the amount of each lateral curvature. The bulge or "hump" of the ribs may or may not be reduced, but the outline of it will be very easy to identify.

Sometimes it is helpful to have the subject turn around and bend toward the examiner so the back can be viewed from the upper end.



Scoliosis may be accompanied by a variety of other physical findings, but the ones outlined here are those which best help in identifying the problem. By applying the principles outlined, any observant person can be extremely helpful in identifying a large majority of these lateral curvatures of the spine.

Eventually, the cause of idiopathic scoliosis will be found and preventive treatment developed. This goal is not yet in sight.

At present, the treatment of all scoliosis, regardless of cause, is basically mechanical and in three categories: (1) Exercises; (2) External support for the back (braces); and (3) Surgical correction and fusion.

Whenever a growing child or teenager is found to have one or more of the physical features which suggest scoliosis, it is highly important that competent medical investigation and advice be obtained. You should tactfully urge that this be done.

An essential feature of the medical examination will be an X-ray film of the spine taken in the front (or Anterior-Posterior) view, and done with the patient in a standing position so that the force of gravity on the body will help show any curvature at its maximum. Such an X-ray can be made or ordered by the family physician.

If a diagnosis of scoliosis is confirmed, and particularly if re-check X-ray in 3 - 6 months shows worsening, then it will usually be advisable to obtain consultation from an orthopaedic surgeon.

J. In Neurological Screening Tests (NST)

Goal: To identify children at high risk for learning disabilities.

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include the ability to evaluate the deviations for degree of significance.

2. The school nurse shall:

   a. Promote and assist appropriate school staff to provide inservice education for school personnel to assist them in recognizing each symptom of learning disabilities.
   b. Conduct individual student assessment.
   c. Participate in conferences with appropriate school, parent, and professional personnel to develop individualized educational plan.
   d. Periodically review the plan to provide for follow-up and adaptation of the program.

3. Procedures and referral criteria

Children with "minimal brain dysfunction" or a more current term "learning disabilities" comprise an estimated 5% to 20% of the public school population.

Certain disorders of neurologic function are included among the symptoms of children with learning disabilities and often are referred to as "soft neurologic signs." Though neurologic dysfunction might indicate a medical problem, children with learning disabilities usually are not identified until after they are in school. Experience at the Child Study Center, a diagnostic center of the Department of Pediatrics which annually evaluates many children who are experiencing difficulty in school, indicates that the child with learning disability most commonly is seen initially at a median age of nine years. As experience with this group of children accumulates, it seems increasingly desirable that early identification be made both for educational remediation and to prevent emotional problems associated with school failure.

The neurologic screening test (NST) was devised on the basis of "soft" neurologic findings reported in the literature, and on findings of several hundred children with learning disabilities who had been given a complete neurologic evaluation. The screening test includes indicators for laterality (preference for left or right hand, eye, foot) as well as sense of directionality (ability to point in different directions of space). Certain tests of cranial nerve functions, as well as tasks to test fine and gross motor coordination, and some sensory function tests, were included.

The following is a description of the administration of the screening tasks.

Laterality-Directionality

TEST: (1) Hand Preference: Paper and pencil are placed on a desk and the child is asked to draw a circle.

(2) Foot Preference: The child is asked to kick a small object. Two tries are given.

(3) Eye Preference. A kaleidoscope is presented to the child (both hands used), and he is asked to look through it. Two tries are given. In each instance note is made of which eye is used.

SCORING: These three items gives a possible score of three: Hand-Eye same = 1 (i.e., right-right); Foot-Eye same = 1; Hand-Foot same = 1. A score of one half is possible if there was a shift on foot and eye preference on the two trials; e.g., right hand and right foot were used on the first try, right hand and left foot on the second try. A score of zero is obtained if the laterality was mixed on both tries.

(4) The child is asked to indicate his left hand and then his right ear. A score of two is possible if both were identified correctly.

(5) The child's right hand is pointed out to him by the examiner. The examiner then holds up both of her hands and asks the child to point to her right hand. This necessitates the child's realizing that, facing the examiner he must "cross over" (avoiding mirror imaging) to correctly identify the examiner's right hand. A score of one is obtained if correct identification is made.

(6) The child is asked to point up, right, back, down, front, and left, in that order. Two tries are given. A score of two is possible on each direction if both tries are completed correctly (i.e., if "front" is done correctly both tries), and a total score of 12 is possible.

SCORING: A total of 18 is possible on items 1 through 6, covering laterality and directionality.

Cranial Nerves

TEST: (1) Eye Tracking: The child is asked to track a pencil held approximately 6 inches from his eyes as it is moved slowly from side to side in full lateral movement both to the right and to the left with the head held stable. Two full movements are completed. A score of two is given if he is able to track smoothly without refocusing on the first trial; a score of one is given if the desired result is obtained on the second trial, and zero if the child is unable to tract without refocusing.

(2) Protruding Tongue: The child is asked to protrude the tongue between the lips without clamping down with the teeth. A score of two is obtained if the tongue becomes still by five seconds (timed with a stopwatch). A score of one is given if mild tongue movement persisted, and a score of zero is given if moderate to severe tongue movement continued for five seconds.

(3) Sustaining "ahhh": This task is timed with a stopwatch. A score of two is possible if the "ahhh" is held five to seven seconds, one if it is held three to four seconds, and zero if it is held less than three seconds.

SCORING: A score of six is possible on "Cranial Nerves" section. Item (2) involves judgmental decision as to what constitutes mild or moderate to severe movement of the tongue, and a certain amount of judgment decision is also involved in item (1). On eye tracking, it should be recognized that refocusing should not be confused with nystagmus.

Gross Motor

TEST: (1) Abnormal Posturing and Choreoathetosis of Arms: The child is asked after demonstration, to extend his arms, fingers slightly spread, wrists level, for ten seconds. Note is made of posturing and involuntary movements for each arm. A score of two is possible if the arms are held in that posture without any movement for ten seconds. A score of one is given if there is minimal drift, pronation of forearm, silver forking, or involuntary movements, and zero if any of these were marked. A score of one half is possible if only one arm is involved.

(2) Rapid Alternating Movements:

The child is asked, after demonstration, to alternately pronate-supinate each hand on the back of his other hand with the elbow held away from the body. The alternating movement is done at the rate of one per second for five times, with the hand being lifted (vs. rolled over) each time. A score of two is possible if this is done smoothly with each hand. A score of one is given if minimal difficulty occured, and zero if incoordination or inability to perform the task is demonstrated. A score of one half is possible if this could be done well with one hand but not the other.

(3) Tandem walking: A 108-inch tape is fastened to the floor. With shoes off, the child is asked to walk this in "heel-toe" position, both toward and away from the examiner. A score of two is possible if this can be done easily. A score of one is given if the arms are used for balance, and a score of zero was given if the child can not stay on the line.

Each of the above three items under "Gross Motor" requires a judgmental decision. A maximal score of six is possible under "Gross Motor."

Fine Motor

TEST: (1) Open-Close a 2-Inch Safety Pin: A score of two is possible if the child can open and close the pin, given ten seconds for each. A score of one is given if only opening the pin can be accomplished. Zero was given if neither can be done.

SCORING: This is the only task given under "Fine Motor" and a maximal score of two is possible.

Sensory

TEST: (1) Finger Identification - Single: The child is asked to place his hands on a table with eyes closed and fingers slightly spread. A single finger is touched by the examiner. The child is then asked to open his eyes and point to the finger that was touched. Two tries are given on each hand (total of four). A maximal score of two is obtained if all four tries are correct. A score of one is given if two tries are correct, and a score of zero was given if fewer than two are correct.

(2) Finger identification - Multiple: The same instructions are given as above, but two nonadjacent fingers are touched (i.e., index and ring, middle and little). Scoring is the same as in (1) with a maximum of two possible.

(3) Figure Identification: With the child's eyes closed, circles and X's are drawn, one of them on each hand and each cheek. A score of two is possible if all 4 are identified, one if only 3 are correct, and zero if 2 or none is identified.

SCORING: A maximal score of six is possible under "Sensory."

The total score is obtained by summing the score received on each of the tasks with the maximal possible score being 38.

In using the NST with a child of kindergarten age, the following findings can be considered to be indicative of high-risk status: (1) a total score on the NST of 24 or below; (2) specific difficulty with laterality; (3) specific difficulty with directionality; (4) any combination of the above findings (1-3).

It should be emphasized that the NST is only a screening test, and any child who seems at risk by these test results should be referred for a more thorough evaluation.

K. In Health Counseling

Goal: To assist students, parents, and teachers to obtain optimum wellness by stimulating behavior change through individual and group health counseling.

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include the ability to evaluate the health deviations for degree of significance.

2. The school nurse shall:

   a. Identify students and families in need of health counseling.
   b. Plan and schedule health counseling sessions.
   c. Conduct planned health counseling sessions as needed:

      (1) Individual
      (2) Group

   d. Conduct spontaneous health counseling:

      (1) Individual
      (2) Group

   e. Confer with appropriate school personnel when indicated.
   f. Initiate referral to appropriate persons and agencies when necessary.
   g. Periodically review progress of counselees.

L. In the Home Visitation

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas should include the ability to assess accurately the actualities of the family life affections, facilities, and competencies as they relate to the behavior of the child.

2. The school nurse shall:

    a. Provide pertinent background information when such will contribute to the understanding of the child's social, mental, emotional, physical, and health behavior and of his recovery.
    b. Analyze the home environment when a child exhibits handicapping problems, i.e., hunger, fatigue, somnolence, and little or no academic achievement.
    c. Promote better understanding with families who consistently commit infringement of school regulations and personnel.
    d. Provide incidental informal education which promotes prevention measures and adjusts environment factors conducive to healthy family life.
    e. Identify new and potential problem areas.
    f. Appraise health and other problems through combining school nursing efforts with those of other professional workers of the family and of the community.
    g. Promote family understanding of non-nursing health services and encourage the use of such resources.
    h. Establish definite lines of communications between the school, home, and community.

The frequency and manner in which the home visitation is made will vary with the type of community and home. Members of the school health team should be consulted before such visits are made and advised of the findings and follow-up activities.

M. In Injury and Illness

Goal: To set and maintain standards of emergency care to minimize the effects of accidents and illness in the school.

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should in regard to injury include:

   a. Ability to assess the severity of injuries.
   b. Ability to perform first aid procedures effectively and efficiently.
   c. Ability to teach first aid procedures.
   d. Knowledge of legal aspects of emergency care.
   e. Ability to analyze cause of accident.
   f. Knowledge of disaster and fire plans for school and community.

2. The school nurse shall:

   a. Assume leadership in the development and periodic revision of first aid policies.
   b. Ascertain that the adopted policies are available to all school personnel.
   c. Plan and conduct staff development programs on first aid and cardiopulmonary resuscitation for all school personnel.
   d. Direct the handling of major accidents.
   e. Assume responsibility for those portions of the accident reports as designated by school policy.
   f. Analyze accidents for safety hazards and report to appropriate personnel.
   g. Conduct individual conference with student regarding safety practices as indicated.
   h. Assist teacher with immediate health education as related to a specific accident.

3. Professional understanding and competencies of the school nurse, in addition to those listed for all areas should in regard to illness include the ability to assess severity of illness with a plan for nursing intervention.

4. The school nurse shall:

   a. Assume leadership in the development and periodic review of policies for caring for ill students.
   b. Plan and conduct staff development programs on identification of ill students for all school personnel.
   c. Evaluate student's symptoms and behavior and

develop health care plan.
   d. Conduct student and/or parent-student-nurse conference regarding self care, health care plan, or referral.
   e. Inform referring teacher of the management of student's complaint.
   f. Conduct health counseling sessions with student and/or parent for repeated episodes of illness.

5. Care of illness and injury at school

The school nurse is a leader of the school health team concerned with care of injury and illness occurring at school. Health records of pupils who are injured or become ill at school show appropriate first-aid care, parent contact, referral, and follow-up.

The primary responsibility of school personnel is to exercise sound judgment in assisting pupils and their parents to appropriate health care resources.

School personnel should notify the parents of pupils who become ill or are injured at school. Minor situations which can be resolved by a short rest or first aid usually do not require contacting parents, but, if in doubt, notify. Emergency situations require school personnel to contact parents and the emergency services of the community. If transportation of pupils to home or health care facility is necessary by school personnel, proper liability and automobile insurance is necessary. The Putnam City security department can if needed and in certain circumstances, where a litter is not needed, help to provide transportation in an emergency.

A Personnel Directory form, PCHR 4, should be on file for each staff member. Included should be an emergency contact person and telephone number and any health problems that should be known to the school nurse and principal.

First aid procedures, emergency phone numbers, and other pertinent information are to be posted in the school clinic, offices, gyms, etc.

The charts on the following pages describe common non-communicable illnesses, injuries, and suggestions for care.

SUGGESTED GUIDELINES FOR CARE OF ILLNESS AND INJURY OCCURRING AT SCHOOL

SITUATION	DO	DO NOT
Abrasions	Cleanse with soap and water to remove as much dirt and foreign matter as possible. Apply sterile, dry dressing.	Do not attempt to remove deeply embedded foreign matter.
Bites, Animal	Cleanse with soap and water to remove dirt and saliva. Apply sterile, dry dressing. Notify Animal Control. Consider date of last tetanus immunization. Refer to family physician for further advice.	Small animals in the classroom are a frequent source of animal bites among small children and should be discouraged.
Bites, Insect	Cleanse site. Remove stinger if visible and easily grasped. Apply ice. Observe pupil for systemic reaction. Consider emergency if pupil has history of allergy to insect bite. If tick, advise parent to consult physician, and veterinarian for pets.	Do not apply ointments or other home remedies.
Bleeding, Nose	Apply pressure using thumb and index finger along side of nose for 10 to 15 minutes. Caution pupil not to blow nose or "sniff." Apply ice if injury is involved.	Do not have pupil lie down or tilt head back.
Bleeding, Wound	Apply pressure using gauze square, sanitary napkin or any appropriate clean material.	Do not use tourniquets.
Bleeding, Vaginal excessive	Supine position; elevate foot of cot. Notify parent. Advise medical care.	Do not attempt to use any type of packing.

SUGGESTED GUIDELINES FOR CARE OF ILLNESS AND INJURY OCCURRING AT SCHOOL - cont'd.

SITUATION	DO	DO NOT
Bruises, Bumps	Apply ice. If head wound, advise parent and urge medical care. Give Head Injury observation sheet.	Do not underestimate head wounds.
Burns, Eyes	Flush with copious amounts of water for at least 10 minutes while summoning emergency service and parent. (Drinking fountain bubbler is useful.) Cover eye loosely with eye pad.	Do not waste time looking for a neutralizing agent.
Burns, Skin	Apply cold water or ice (Drinking fountain bubbler is useful.) and sterile, dry dressing Consider emergency if extensive or near eyes.	Do not apply ointments or break blisters.
Convulsion	Allow space to prevent injury during muscle spasms. Contact parent, refer to physician.	Do not attempt to pry teeth.
Ears, Earache Draining Foreign bodies	Earaches, draining ear should be referred to physician and pupil excluded from school. Easily grasped foreign bodies may be removed.	Do not irrigate or use oil unless advised by a physician.
Fainting	Brief fainting is often emotional. Have pupil lie down, consider using spirits or ammonia ampule. Notify parent. If persistant or may be caused by depressant substance, summon emergency service.	

SUGGESTED GUIDELINES FOR CARE OF ILLNESS AND INJURY OCCURRING AT SCHOOL - cont'd.

SITUATION	DO	DO NOT
Fracture, Suspected	Suspect a fracture if excessive, rapid swelling, discoloration and/or distortion. Control bleeding, cover with sterile dressing. Notify parent and emergency service.	Do not manipulate part or move victim unless such action is approved by local emergency services and physicians.
Frostbite	Immerse part in tepid water to gradually warm. If extensive or blisters, consider emergency.	Do not rub or otherwise disturb affected area.
Heat Exhaustion Stroke	Exhaustion with weakness, dizziness, profuse perspiration and cool, pale skin may rapidly progress to stroke with hot, dry skin and irregular pulse. Cool pupil with shade, fluid and observe for progression to stroke. Use any means to cool stroke victim - emergency!	Do not ignore physical education classes that are functioning in hot, humid weather without proper fluid intake.
Illness, Acute Unknown	Pain, headache, stomachache, cramps, fever, nausea, vomiting, sore throat, swellings and rashes may be symptoms of any number of acute illnesses. Notify parent and advise medical care.	Do not lightly dismiss pupil complaints as "a way to get out of class."
Lacerations	Cleanse with soap and water. Apply sterile, dry dressing. Refer for possible suturing immediately.	Do not use ointments on wounds.
Punctures	Cleanse with soap and water. Remove pencil lead, splinter or other foreign body. Apply sterile, dry dressing; consider tetanus.	Do not attempt to remove large, imbedded objects, i.e., knife, stick, metal.

SUGGESTED GUIDELINES FOR CARE OF ILLNESS AND INJURY OCCURRING AT SCHOOL - cont'd.

SITUATION	DO	DO NOT
Sprain, Strain	Apply cold, elevate part and have pupil lie down. Notify parent and advise medical care.	Do not wrap with tape unless trained to do so!
Teeth, Toothache Gum boil Fracture	Advise dental care for all dental problems including possible infections in the mouth. A cleanly knocked out tooth can possibly be reset if care is obtained immediately. Wrap tooth in moist sterile gauze.	Do not put aspirin on aching teeth.
Wounds, Unknown	Evaluate bruises, abrasions, contusions, and apparent burn lesions as possible child abuse or neglect. Contact local children's services or welfare department (required by law).	Do not assume non-explained injuries are accidental.

N. In Communicable Disease

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

   a. Ability to obtain a comprehensive immunization history.
   b. Ability to identify communicable disease.
   c. Knowledge of legal requirements of communicable disease control.

2. The school nurse shall:

   a. Review and plan with school administrators policies for the prevention and control of communicable disease for students and school staff.
   b. Plan and conduct teacher inservice programs for prevention and control of communicable disease.
   c. Plan and conduct health education for parents regarding immunization.
   d. Implement and enforce communicable disease policies by:
      (1) Exclusion
      (2) Readmission
      (3) Classroom inspection
      (4) Reporting to Health Services as required
      (5) Parent conferences regarding special requirements for care.
   e. Communicate with faculty regarding current communicable disease control problems.
   f. Make specific recommendations, e.g., possible need for tetanus booster following injury.
   g. Supervise the reporting of school animal bites to the appropriate agency.
   h. Assist teacher in planning and conducting a health education program on prevention and control of communicable diseases.

3. Procedures and referral criteria

Control of communicable disease is the legally designated responsibility of the local health department. School systems must follow the directives of local and state health departments in establishing communicable disease control policies which are applicable to pupils and school personnel.

Emphasis on perfect attendance at school frequently encourages pupils and school personnel to be in school while in the contagious stages of communicable disease. Colds, flu, and other viral infections are common during the school months of the year and are easily transmitted in a classroom. No one with early symptoms of possible communicable disease should attend school.

Symptoms of communicable diseases among school children requires careful observation and reporting by all school personnel and parents to the school nurse or the principal's office.

The nurse, principal, or other official in charge of any school should exclude any child suffering from or exhibiting the following symptoms:

a. Fever alone 100 degrees F.
b. Sore throat or tonsillitis
c. Any eruption of the skin, or rash (known allergies excepted)
d. Any nasal discharge accompanied by fever or cough
e. Severe cough
f. Any inflammation of the eye or lids (known allergies excepted)
g. Vomiting or diarrhea

Putnam City schools does not ordinarily send out written notice to parents concerning the presence of common communicable diseases within the student body. Such written notice is often misinterpreted and may result in unnecessary concern. Exception to this policy may be considered if unusual circumstances of exposure to a potentially serious infectious disease is validated. In this situation the Health Services Coordinator or the Central Administration offices will, upon the advice of medical counsel, determine the plan of action.

The American Public Health Association and the Oklahoma State Department of Health rules for exclusion from school are listed on the following pages and are to be followed in all cases. When there is reasonable doubt as to the contagiousness of any pupil who has been excluded from school for infectious disease, a written statement from the attending physician should be required before the pupil is permitted to re-enter school.

PROCEDURES FOR COMMUNICABLE DISEASE CONTROL

Disease	Incubation Period	Early Symptoms	Mode of Transmission	Infected Child	Susceptible Contacts	Immune Contacts
Amebiasis	5 days to several months	Ranges from a symptomatic or mild abdominal discomfort to alternating diarrhea and constipation to acute dysentery with blood and mucus in stools.	From hand to mouth transfer of fresh feces, contaminated water or food.	Exclude until symptoms respond to specific treatment.	Continue school under observation.	None
Chickenpox	13-17 days	Slight fever, child does not feel well. Rash develops, advancing to vesicles which later crust.	Airborne respiratory droplet infection or from skin lesions.	Exclude for 7 days after appearance of vesicles.	Continue school under observation.	None
Common Cold	1-3 days	Nasal discharge, sneezing, coughing-fever uncommon.	Upper respiratory tract discharges of infected persons.	Bed rest during acute stage.	None	None
Conjunctivitis	- See Pink Eye					
Diphtheria	2-5 days	Low fever, sore throat, weakness and pallor, toxic appearance. Throat and tonsils may show grayish-white patches.	Discharges from nose and throat of case or carrier or from skin lesion of infected person.	Exclude until 2 negative throat and nose cultures are obtained-taken 24 hours apart.	Exclude if nose and throat cultures are positive 7 days after last contact.	Continue school under observation.
Fifth Disease Erythema Infectiosum	6-14 days	Striking erythema of cheeks, fading and recurrence of redness of skin (lace-like).	Airborne droplet probable viral	Exclude 5 days after appearance of rash.	None	None
Hepatitis (Infectious)	10-50 (usually 25 days)	Fever, anorexia, nausea, malaise, abdominal discomfort. Jaundice may appear in a few days.	Person to person contact via fecal-oral route.	Exclude until child is well; until 1 week after onset of jaundice.	None	None
Hepatitis (Serum)	45-160 days (usually 60-90)	Fever, anorexia, nausea, malaise, abdominal discomfort. Jaundice may appear in a few days.	Person to person contact via fecal-oral route.	Consult physician.	None	None
Herpes Simplex I & II	2-12 days	I-common symptoms: Single or grouped erythematous popular, vesicular lesions of lips or other skin areas. Crusting and secondary infections may follow rupture.	Direct or indirect contact.	Exclude if lesions are multiple, until released by physician or lesions are healed.	Observe for additional cases.	None

PROCEDURES FOR COMMUNICABLE DISEASE CONTROL

Disease	Incubation Period	Early Symptoms	Mode of Transmission	Infected Child	Susceptible Contacts	Immune Contacts
Impetigo (staph or strept)	1-5 days	Vesicular and crusting skin lesions commonly on face, often on hands.	From skin lesions of infected persons.	Exclude until all pustules are healed.	Observe for additional cases.	None
Influenza	24-72 hours	Fever. chilliness or chills, discomfort, aches or pains, general malaise, coryza, sore throat, cough.	Direct contact, droplet infection, articles soiled by nose and throat discharges and probably airborne in crowded populations.	Exclude until recovered, until at least 3 days after onset of symptoms.	Continue school under observation.	None
Measles (RUBEOLA)	10-15 days	Fever, catarrhal symptoms in eyes and NOSE, mulberry tinted splotches appear about third day - first on face.	From mouth and nasal discharges of infected persons.	Exclude until recovered, at least 4 days after onset of rash.	Continue school under daily observation. Obtain immunization.	None
Rubella (3 day MEASLES)	14-21 days	Mild fever with rash of variable character, mild catarrhal symptoms.	By droplets spread or direct contact with person infected.	Exclude until 4 days after onset of rash.	Continue school under observation.	None
Bacterial Viral and Aseptic Meningitis	2-10 days	Sudden onset with high fever, headache, nausea, and stiffness of neck	From mouth and nasal discharges of infected persons.	Exclude until adequate specific therapy and recovery.	Continue school under daily observation.	Continue under observation.
Mononucleosis (Infectious)	Varies from 2 to 6 weeks	Generally mild in children. Irregular fever, sore throat, enlarged lymph glands, sometimes jaundice or rash.	Unknown, probably person to person, spread by oral route.	Exclude until end of fever and sore throat.	Continue school under daily observation.	None
Mumps	12-26 days	Fever, swelling and tenderness of one or more salivary glands.	From mouth and nasal discharges of infected persons.	Exclude until 9 days after beginning of swelling.	Continue school under observation.	None
Pediculosis (lice) Varied types: head, body or pubic	Variable, 1-3 weeks	Itching, matting of the hair, exudative dermatitis and enlargement of regional lymph nodes.	Contact with infected persons or with clothing containing lice.	Exclude until treated. Body and clothing should be free of live lice or eggs before readmission.	Observe for additional cases.	None
Pertussis - See Whooping Cough						

PROCEDURES FOR COMMUNICABLE DISEASE CONTROL

Disease	Incubation Period	Early Symptoms	Mode of Transmission	Infected Child	Susceptible Contacts	Immune Contacts
Pink Eye (Acute infectious	24-72 hours	Irritation, tearing and redness of conjuctivae of one or both eyes followed by swelling, sesitivity to light and discharge from eye(s).	From discharge from eyes of infected person or carrier.	Exclude during the acute stage only.	None	None
Pinworms	life cycle 4-6 weeks	Anal irritation, itching, disturbed sleep, irritability.	Direct transfer of eggs by hand from anus; indirect through contaminated clothing, bedding, food.	None	Observe for additional cases.	None
Poliomyelitis	3-21 days, usually 7-12 days.	Fever, headache, vomiting, drowsiness, alternating with irritability and stiffness of neck and spine and paralysis.	From nose, throat and bowel discharge or infected person or carrier.	Exclude until 6 weeks after onset.	Should have oral vaccine.	None
Ringworm (On exposed body parts)	10-14 days	If on scalp, round scaly patches, yellow crusts, broken-off hairs; on hands or face, concentric rings of inflammation.	From infectious lesions or articles of clothing carrying the infection.	Bring condition to the attention of school nurse. Do not exclude if under treatment.	Observe for additional cases.	None
Scabies (Itch)	3-4 days or longer	Itching, small pimples with tendency to scab formation, characteristic burrows of itch mite.	From infected person.	Exclude until treated adequately.	Observe for additional cases.	None
Scarlet Fever and Streptoccal Infections	2-5 days	Fever, sore throat, and rash.	From discharges from nose, throat, or ears of infected person or carrier.	Exclude for 1 day after beginning adequate specific treatment.	Observe for additional cases.	None
Shigellosis	1-7 days	Diarrhea, fever, vomiting, cramps. Mild and apparent cases common.	Through fecal-oral transmission from an infected person; indirectly via feces soiled articles or contaminated food or water; by flies.	Exclude until stool cultures are negative.	Observe for additional cases.	Continue under observation.
Sore throat (simple)	2-5 days	Sore throat, may have fever.	Upper respiratory discharges.	Exclude during acute stage only.	None	None
Trench mouth (Vincent's Disease)	4-9 days	Onset usually abrupt; may be accompanied by mild fever, painful bleeding, germs and foul smelling breath.	Direct contact; use of infected articles.	Not excluded.	None	None

PROCEDURES FOR COMMUNICABLE DISEASE CONTROL

Disease	Incubation Period	Early Symptoms	Mode of Transmission	Infected Child	Susceptible Contacts	Immune Contacts
Tuberculosis	Variable	Cough, fever, fatigue, loss of weight, night sweats, chest pain, blood in sputum.	From discharges from any tuberculosis lesion, especially from sputum.	Exclude until sputum contains no tubercle bacilli.	Skin test all contacts.	None
Upper Respiratory Diseases (Adenovirus and Unknown Etiology)	5-7 days	Fever, coryza, irritated throat, headache, malaise, conjunctivitis.	From mouth and nasal discharges, intimate and direct contact.	Exclude during acute stage only.	Continue school under observation.	None
Venereal Disease						
Gonorrhea	2-7 days	Often asymptomatic in both females and males; may have burning on urination; yellowish discharge	All forms by direct personal contact; sexual intercourse	Not excluded unless medically recommended.	None	None
Syphilis	10 days - 10 weeks usually 3 weeks	May include painless sore at site where organism entered body.	(Minors may be examined and treated for V.D. without parent permission)			
Whooping cough	7-21 days	Irritating cough which gradually is accompanied by characteristic "whoop"	From nose and mouth discharges of infected persons.	Exclude until 3 weeks after onset, or 7 days after adequate specific therapy.	Continue school under close observation.	None

SCREENING FOR NUISANCE DISEASES

The charts on the following pages are intended as a simple reference.

DISEASE	EQUIPMENT	PROCEDURE
Pediculosis	Chair for tall pupils 75-100 watt bulb in goose neck lamp Two 6 inch applicator sticks per child Disposable gloves (optional) Lice comb (optional)	Spread hair with two applicator sticks in a fanning motion to observe scalp and entire length of hair, closely observing areas around nape of neck and behind ears. Very short hair may be screened using a motion resembling stroking animal fur against the grain. Look for scalp irritation. Look for nits: oval shaped like dandruff, that are firmly fastened to the hair shaft less than ½ inch from the scalp. Look for lice, very small and grayish, that will quickly disappear into the hair when exposed to light. Check or recommend checking of siblings, close contacts, and, if possible, household members of infested pupils. Refer infested pupil to parent to be picked up at school. Give Referral Letter (PCHR 22) to parent and assist them to recognize lice and nits. Explain use of pesticide shampoo, fine tooth comb, how to clean the home and pupil's personal effects. Enter case on Pediculosis Record. Readmit pupils after proof of treatment and screening shows pupil is free of lice and nits. Recheck referred pupils in 7-10 days for proof of second treatment. If more an 1-2 infested pupils in a classroom, screen all pupils. Rescreen in 10-14 days if indicated. If more than 2 classrooms with infested pupils, consider screening the entire school. Monthly random screening of the school may be helpful in preventing outbreaks.
		EDUCATION
		School personnel, students, and

		parents should be educated in areas of head lice transmission, identification, etc., thus enabling them to take an active part in preventing further spread of lice. Education Materials Head Lice Control FS 614.5h Putnam City Schools Media Center "What You Should Know About Head Lice" pamphlet from Oklahoma State Department of Health 271-5188
Ringworm, Scalp and Body	Ample light	Observe suspected areas of scalp, looking for small papules, scaly patches, broken hairs or bald spots. Ringworm of the body appears as flat and vesicular and may be dry and scaly, or moist and crusted. As the lesion progresses, the central area often clears. Screen known cases periodically to check infection. Screen siblings, close contacts. Older pupils and adults usually not susceptible. Refer to physician and readmit when released by physician.
Scabies	Ample light	Use observation and history to determine pupils who require close screening. Ask pupil about itching, especially at night, and if family or close friends have problems of itching. Ask pupil to spread fingers, rotate wrists, and push sleeves of clothing up from elbows. Look for irritated skin, small blisters, burrow-like lines. Refer to physician and readmit when released by physician after treatment. Itching may persist for about a week following treatment. All family members are usually recommended by physician to be treated.

O. In Special Education

Goal: To assist in the appropriate placement of students with exceptional needs. As stated in P.L. 94-142, Education of All Handicapped Children's Act of 1975, handicapped children means those who are mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped, or having specific learning disabilities, who because of those impairments need special education and related services.

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

   a. Ability to assess the degree of significance of the handicap on student's educational progress.
   b. Techniques of educating students with exceptional needs.
   c. Knowledge of criteria for differential grouping of students with exceptional needs.
   d. Ability to understand and respect the range of coping mechanisms of students with exceptional needs.

2. The school nurse shall:

   a. Assist in identification of candidates for placement in special programs.
   b. Conduct health evaluations, including classroom observations, parent conferences to obtain an in depth developmental health history and home environment assessments if requested by appropriate personnel.
   c. Ascertain that all pertinent medical information is available for the team meeting and serve as student advocate.
   d. Advise or arrange for a physical assessment/examination, if indicated.
   e. Develop the individual health maintenance plan with student/parent, if indicated.
   f. Serve on the school team and write the health component of the Individual Education Plan (IEP) or determine those health factors pertinent to the student's most appropriate educational placement.
   g. Periodically confer with student, parent, and faculty to revise health maintenance plan.

h. Assist parent/student in using appropriate community resources.
i. Follow up on medical recommendations and reports to teachers and appropriate personnel.
j. Provide teacher inservice regarding health maintenance plan of students.
k. Provide nursing treatment and specialized health procedures appropriate to the student's handicap to allow the student to remain in the least restrictive environment.
l. Provide support to teachers and parents of students who have specialized health care needs.

P. In Health Instruction

Goal: To assure that each student will be a well educated person in health and a knowledgeable health consumer.

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

   a. Knowledge of materials and methods of health instruction.
   b. Ability to stimulate teachers to incorporate health concepts into their curriculum.
   c. Ability to serve as a demonstration health teacher.
   d. Ability to evaluate health education materials and curriculum for scientific accuracy and learning effectiveness.

2. The school nurse shall:

   a. Stimulate the use of health instruction in the school curriculum and in the classroom when appropriate.
   b. Serve on curriculum development committees.
   c. Continually search out and evaluate new materials and community resources.
   d. Recommend teacher and student instructional materials for purchase.
   e. Serve as a resource to individual teachers and students regarding self-care and health consumerism.
   f. Team teach or be a resource speaker at the request of the classroom teacher or principal.
   g. Work with the librarian or library committee in the selection of appropriate student and/or teacher resource materials.
   h. Plan and conduct health consumer education programs.
   i. Plan and conduct staff development programs.

Q. In Nutrition of Students

Goal: To assure a well-nourished school population

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

   a. Ability to teach nutrition concepts to students and staff.
   b. Ability to stimulate teachers to incorporate nutrition concepts into the curriculum.
   c. Ability to evaluate nutrition education material for scientific accuracy and learning effectiveness.
   d. Knowledge of nutritional values of individual foods including ethnic foods.
   e. Skill in behavior modification.

2. The school nurse shall:

   a. Identify students who have nutrition problems.
   b. Plan for remediation of nutrition problems.

      (1) Counsel with parent and student regarding nutrition.
      (2) Refer students to free and reduced priced meal programs when eligible.
      (3) Refer students for medical evaluation and/or treatment.
      (4) Organize and sponsor weight control programs for students.

   c. Know district policy regarding free and reduced priced meals program.
   d. Develop a health maintenance plan with student/parent and other school personnel.
   e. Plan with administration a comprehensive nutrition program which will include education and food service.
   f. Coordinate nutrition instruction with the food service and/or school lunch program.

      (1) Serve as a resource for student participation in food service menu planning.
      (2) Stimulate student participation in establishing a pleasant climate and environment in the cafeteria.

R. In School Health Liaison

Goal: To assure that the health needs of the school population are considered in the community's overall health planning.

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas should include the ability to serve as liaison to local, state, and national health resources.

2. The school nurse shall:

    a. Know the referral procedures for community agencies for effective use of their resources and facilities.
    b. Maintain current information regarding resources and referral procedures of community facilities.
    c. Work with community resources to develop new health facilities as needed.
    d. Facilitate communication between the medical community and the school.
    e. Cooperate with community agencies in the planning and implementation of a community health and welfare program.
    f. Serve on a committee, advisory board, or task force in local health systems agency if possible.

S. In School Living Program

Goal: To assure the planning of a healthful school living program.

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas should include the ability to help coordinate for all levels an appropriate school living program.

2. The school nurse shall:

    a. Be familiar with comprehensive school-community safety activities and programs.
    b. Approve adequate hand washing and toilet facilities.
    c. Cooperate with those who provide sanitary inspection and maintenance of swimming pools.
    d. Assist in inspection of sanitary water supply and waste disposal.
    e. Be aware of effective lighting, ventilation, proper heating and temperature control.
    f. Maintain adequate and safe food handling.
    g. Check that there is an adequate physical plant providing for the best fire protection.
    h. Make sure that there is expert inspection and daily supervision of plant facilities and sanitary practices with referral to proper

authorities for the correction of defects.

i. Establish interpersonal relationships favorable to emotional, social, and physical health.

T. In Servicing Students with Special Needs

Goal: To protect the well-being of all children and youth.

1. Professional understanding and compentencies of the school nurse, in addition to those listed for all areas, should in regard to pregnancy, include:

    a. Knowledge of needs of pregnant minors and putative fathers.
    b. Ability to teach prenatal and postnatal care and effective parenting skills.

2. The school nurse shall:

    a. Counsel with girl who thinks she is pregnant.
    b. Counsel with putative father.
    c. Refer for medical diagnosis and recommendations.
    d. Counsel with pregnant girl regarding available options for care and refer as necessary.
    e. Counsel with pregnant girl to seek support of her family.
    f. Develop individual health maintenance plan.
    g. Confer with appropriate school personnel regarding continuation of education.
    h. Provide or arrange for a counseling program for each girl including completion of her education.
    i. Assist in planning and implementing prenatal, postnatal, infant care, parenting skills, and health education programs.
    j. Coordinate efforts of community agencies to meet the needs of the pregnant girl and putative father.

In order to provide educational and guidance opportunities for pregnant girls unable to continue in the regular school program, the district provides an alternative school under the supervision of the Director of Special Services.

Students who enter this program shall not be withdrawn from their regular school rolls, but shall attend the alternative program until ready to return to their regular classes.

3. Professional understanding and competencies of the school nurse, in addition to those listed

for all areas, should in regard to abused children, include:

a. Knowledge of physical and social indicators of child abuse.
b. Nursing observations and appraisal techniques for suspected abused children.
c. Knowledge of an ability to interpret the medical/legal aspects of child abuse including reporting procedure.

4. The school nurse shall:

   a. Identify students suspected of being abused.

      (1) Observe and record the location, type, and extent of injuries.
      (2) Interview and counsel with student.

   b. Report to administration, social service, and proper law enforcement agencies as mandated.
   c. Collaborate with appropriate school personnel.
   d. Write a comprehensive, objective, and brief record.
   e. Conduct appropriate follow-up activities.

      (1) Periodically review status of student.
      (2) Communicate with participating agencies.
      (3) Refer student to appropriate community resources.
      (4) Continue counseling with student.

   f. Conduct inservice for school personnel.

Child abuse and neglect have reached such proportions that today they are major concerns in our nation. All 50 states have expanded their laws to protect physically abused and neglected children.

In Oklahoma, the Department of Human Services (DHS) is responsible for providing services to protect children and helping mothers and fathers function more adequately as parents.

There is a moral as well as legal responsibility to report suspected abuse or neglect.

Oklahoma state law specifies that suspected cases of sexual abuse and non-accidental physical and mental injury to children under age 18 due to abuse or neglect be reported to the local county DHS office.

Individuals required to report are "every physician, dentist, residents and interns...and every registered nurse examining, attending, or treating such a child in the absence of a physician and every other person having reason to believe that "such an incident occurred."

Persons who fail to report incidents of suspected neglect and physical, mental or sexual abuse may be guilty of committing misdemeanor.

Those who report neglect or abuse in good faith are given legal immunity from any civil or criminal action that might be taken against them as a result of the submitted report.

All cases are to be reported by phone to:

DHS - Childrens Services	271-7666
CHILD ABUSE HOTLINE	427-2535

(24 hour services for emergencies)

Following the phone report, complete a Report of Abuse and Neglect form (PCHR 27) Section VIII.

5. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should in regard to substance abusers, include:

    a. Knowledge of symptoms of substance abuse.
    b. Ability to accept substance abuse as a medical problem and the substance abuser as a person who needs help.
    c. Ability to assess the severity of a substance abuse episode and to act appropriately.

6. The school nurse shall:

    a. Identify persons who may be drug, narcotic, or alcohol abusers.
    b. Administer first aid as indicated.
    c. Secure emergency care as necessary.
    d. Evaluate the student's behavior and rule our physical disability.

        (1) Check health record for significant history.
        (2) Counsel with student regarding health status and behavior.
        (3) Complete an observation behavior record.
        (4) Confer with student's teachers regarding recent classroom behavior.
        (5) Confer with other school personnel.
        (6) Confer with parent regarding current health status and home behavior.
        (7) Confer with family physician if necessary.

    e. If above evaluation indicates that the student is under the influence of a harmful substance, follow district policy.

f. Counsel with or refer for counseling students regarding substance abuse.

g. Participate in community programs designed to diminish substance abuse.

The following is the Putnam City Board Policy adopted February 6, 1978 concerning alcohol, smoking, and drug abuse.

Alcohol Use by Students

The use or possession of intoxicants in or on school property in any vehicle while such vehicle is being used to transport students for Putnam city School District, or at school events, and attendance at school events while under the influence of intoxicants, is prohibited.

1. Any person in violation of the provisions of the above paragraph shall be subject to removal from school property.
2. Students attending school in Putnam City Schools and in violation of the provisions of the paragraph above shall be subject to disciplinary actions in accordance with the provisions of local school regulations.

Smoking by Students

Professional personnel should carry on intensive programs of education designed to fully inform students about the hazards of smoking.

Principals shall, with staff, student, and patron participation as appropriate, develop local rules and regulations for the control of smoking by students in the building and on the grounds of all schools in the district.

Student Drug Abuse

The use, possession, or distribution of drugs in the building, on school grounds, in any vehicle where such vehicle is being used to transport students, or at school sponsored activities is prohibited. Students under the influence of drugs shall be subject to disciplinary procedures. The parent or guardian will be notified in the event of an offense, but if the student refuses parental participation, the school administration may involve police action where advisable, without parental consent.

The Superintendent shall establish, and the

Board will approve, detailed procedures for dealing with students who may have a drug problem. These shall be in keeping with state law and shall be observed by all staff members.

7. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should in regard to chronic health problems (diabetes, epilepsy, allergy, nephritis, cancer, amputee, etc.) include:

    a. Assisting students, parents, and teachers to adapt to student's chronic health problems.
    b. Ability to plan and implement effective case finding procedures.
    c. Ability to assess the degree of significance of the health program on the student's educational progress.
    d. Ability to assess drug reactions and side effects.

8. The school nurse shall:

    a. Identify students with chronic health problems.
    b. Conduct parent-school nurse conference to ascertain current health status.
    c. Obtain current recommendations from the student's source of medical care.
    d. Design and implement individualized and prescriptive health maintneance plan for the student.
    e. Conduct teacher-school nurse conferences regarding students with specific health problems, to include:

        (1) Nature of health problem.
        (2) Signs and symptoms of impending emergency.
        (3) Recommended classroom management.
        (4) Scholastic achievement.

    f. Monitor student progress and modify health maintenance plan if indicated.
    g. Observe, evaluate, and report to student's physician, with parental approval, the student's health status, reaction at school to drugs or treatment being prescribed by the physician and interpret to the physician those factors in the school that might affect the student's condition.
    h. Provide parent education and staff development programs regarding specific chronic conditions.

The following is the Putnam City Board Policy adopted February 6, 1978 concerning homebound instruction.

Homebound Instruction

Home or hospital instruction shall be provided:

1. To any child with a health or physical impairment which, in the opinion of a licensed medical examiner, will cause him/her to be absent from school for three consecutive weeks or more and who school personnel determine can educationally benefit from such a program, or

2. To any child whose educational needs, as determined by a case study and reviewed in a multi-disciplinary staff conference, are most appropriately and effectively met by such a program.

The amount of instructional or supportive service provided through the home and hospital program shall be determined in relation to each child's educational needs and his physical and mental health.

U. In Medication in Schools

Goal: To assure the school attendance for children who must use medication in the treatment of chronic disabilities or illness.

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

   a. Knowledge of effective use of drugs and the side effects.
   b. Knowledge of disease or disability prognosis.
   c. Ability to understand the range of coping mechanisms of students who must take medications more than once a day.
   d. Ability to properly administer and record drug dosage in the schools.
   e. Ability to monitor untoward side effects.
   f. Ability to properly store drugs in schools.

2. The school nurse shall:

   a. Comply with school regulations on dispensing medication during the school day.

      (1) Written permission from the parent or guardian of the student requesting that the school district comply with the physician's order.

(2) Medication must be brought to the school nurse or principal's office in a container appropriately labeled by the pharmacist or physician. Sample medicines and over-the-counter drugs must be accompanied by the physician's orders.

(3) The initial dose should be administered by the school nurse, providing the opportunity to discuss the medication, its side effects and benefits with the student and school personnel.

(4) Each medication given must be recorded on a Medication Record (PCHR 11) which includes date, time, and signature of person giving the medication.

(5) Implement and monitor procedures for safe administration and storage of all medications.

(6) Medication must be stored in a locked cabinet.

b. Provide opportunities for communication with the student, parent, and physician regarding the efficiency of the medication administered during school hours.

(1) The school nurse will inform the appropriate school personnel of the potential benefits and the side effects of the drug being administered.

(2) Observe, evaluate, and report to student's physician with approval, the student's health status and reaction at school to the medication(s).

(3) Interpret to the physician those factors in the school that might affect the student's condition.

Because of the possibility of anaphylactic shock and lack of proper treatment facilities, school nurses will UNDER NO CIRCUMSTANCES administer any type of injection at school.

V. To the Profession of School Nursing

Goal: To contribute to the improvement of the profession and maintain personal professional competence.

1. Professional understanding and competencies of the school nurse, in addition to those listed for all areas, should include:

    a. Knowledge of the changes in medical, nursing, and educational theory and practice.
    b. Knowledge of changes in school nurse practice and preparation.
    c. Knowledge of professional and school nurse organizations.

2. The school nurse shall:

    a. Comply with medical, nursing, and educational ethics.
    b. Continuously study the current professional literature (medical, nursing, and educational).
    c. Participate in continuing education activities.
    d. Join and actively participate in professional organizations.
    e. Contribute to the profession through professional journal articles, speaking at professional meetings, and/or serving on professional committees.

SECTION FOUR

OKLAHOMA'S SCHOOL IMMUNIZATION LAW

IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE

Oklahoma's School Immunization Law was first passed by the Legislature in 1970. The law was revised in 1976 to extend requirements to all children attending Oklahoma schools and to clarify that school officials are responsible for its implementation. The following is a summary of the law. The complete text can be found in Title 70 of the Oklahoma Statutes, Sections 1210.191-193: "Rules and Regulations for Immunization for School Children." as amended in June 1976.

A SUMMARY OF THE LAW

No minor child shall be admitted to any public, private, or parochial school operating in Oklahoma unless the parent or guardian can present to the appropriate school authorities certification from a licensed physician or the appropriate public health authorities that such child has received or is in the process of receiving, immunizations against diphtheria, tetanus, pertussis, poliomyelitis, measles, and rubella, or is like to be immune as a result of the disease.

The immunizations required and the frequency of their administration will be prescribed by the State Board of Health. The State Department of Health shall supervise and secure the enforcement of the required immunizations program. The State Department of Education and the governing boards of the school districts of this state shall render reasonable assistance to the State Department of Health.

If the parents or guardians are unable to pay, the State Department of Health shall provide, without charge, the immunization materials required by this act to such pupils.

SPECIFIC IMMUNIZATION REQUIREMENTS

The State Board of Health currently requires that children attending school in Oklahoma have had at least three DTP or TD shots, three doses of oral polio vaccine, and one dose each of measles and rubella immunizations received on or after the child's first birthday. Rubella immunization is not required for female students over twelve years of age, but is highly recommended.

A previous history of having had a vaccine-preventable disease is not generally considered grounds for waiving the required immunization. However, measles immunization may be waived if the parent or guardian presents a signed statement from a licensed physician that indicates the child has had the disease. A history of having rubella is *not* grounds for waiving the immunization.

EXEMPTIONS FROM THE LAW

Exemptions from the immunization requirements are authorized in the law for medical, religious, and personal reasons. The following is a summary of information concerning these exemptions, including procedures for their authorization.

Medical. The amended School Immunization Law of 1976 states in Section 1210.193 that any minor child, through his parent or guardian, may submit to the health authority charged with the enforcement of the required immunization program, a certificate signed by a licensed physician stating that the physical condition of the child is such that the immunization would endanger the life or health of the child and thus be exempted from the immunization requirements.

Religious. Exemptions based on religious objections to immunizations are also allowed. The parent or guardian must present a Certificate of Exemptions signed by his or her church leader to qualify for such an examption.

Personal. Exemptions may also be authorized for children whose parent or guardian objects to immunizations on philosophical grounds but is not necessarily a member of a church or group which subscribes to religious beliefs contrary to the practice of immunization. As with religious exemptions, the parent or guardian must present a Certificate of Exemption complete with a brief statement summarizing his or her objections to immunizations. Lost or unobtainable immunization records are not grounds for personal exemptions.

EXEMPTION PROCEDURES

The Certificate of Exemption forms (ODH 216A) are available from the Immunization Program of the Oklahoma State Department of Health. Schools should maintain a small supply of Certificate of

Exemption forms for parents and guardians claiming an exemption from the immunization requirements for their children.

It is the parent or guardian's responsibility to obtain the signature of the family physician or religious leader and to complete the form. School officials must review the form to ensure that is has been properly completed and signed. This form is to be on file with the student's school record. School officials are requested to send one copy of the completed form to the Immunization Program of the Oklahoma State Department of Health.

SCHOOL EXCLUSION OF EXEMPTED CHILDREN DURING DISEASE OUTBREAKS

Unimmunized children attending school on the basis of an exemption due to medical contraindications or religious or personal objections to immunizations are at high risk for disease infection if exposed. Some of these children may also be at high risk of developing complications to infection resulting from vaccine-preventable disease. For their protection and for the protection of community, these children may be excluded from school for the duration of any outbreak of vaccine-preventable disease. It is important that parents be informed of this possibility at the time the Certificate of Exemption is accepted by the school.

ENFORCEMENT OF THE SCHOOL IMMUNIZATION LAW

The Attorney General has ruled that it is the duty of school officials to refuse admission to any school in the State of Oklahoma to any child who does not have the required certificate of immunization or exemption. School officials are responsible for informing parents and guardians of the immunization requirements and ensuring that evidence of immunization or proper exemption is presented before the child is allowed to attend school. School officials are required to transcribe each child's immunization history from the parent's record to the Oklahoma Cumulative Health Record (ODH 216) or other approved form and to maintain a complete record of immunizations for all children in attendance. The school should never keep the parent's personal copy of the child's immunization record.

SCHOOL IMMUNIZATION RECORD AUDITS

Representatives of the State Department of Health periodically audit all the immunization records at each school to assess the immunization levels and to monitor compliance with state law. These audits help the Immunization Program assess the risks for vaccine-preventable disease outbreaks throughout the state.

Several kinds of problems surface regularly as health department personnel conduct school immunization record audits. Some of the most common are the following:

Students in attendance without immunization records on file. Students are not in compliance with state law unless they have a certificate of immunization or valid exemption on file.

Students with lost or unobtainable immunization records. Parents of children with lost or unobtainable immunization records should be referred to the family physician or local health department to have the child's immunization history reviewed. Any questionable or needed immunizations can be given at that time and a record created for submission to the school.

Students with unconfirmed histories of having had measles. State law requires that for the measles immunization to be waived, the parent or guardian must present a certificate from a licensed physician or public health authority that indicates the child has had the disease. Parents' memories have too often proved unreliable. Parents frequently confuse other illnesses that cause a rash, such as rubella and roseola, with measles. In the past, many children whose parents listed histories of measles have become infected with the disease during outbreaks in the schools. There is no increased risk of reaction to the vaccine if a child who has had the disease receives measles vaccine.

Students with unconfirmed histories of having had rubella. State law provides for waiving immunization requirements for children "likely to be immune from having had the disease." Rubella is very difficult to diagnose solely on clinical grounds. The disease rarely has typical symptoms. Many other diseases can cause symptoms similar enough that serological testing must be performed to confirm the diagnosis of the rubella. For these reasons, the parent's assertion that the child has had rubella is not specific enough to satisfy the requirement "likely to be immune" and is not accepted unless serological test results are available for confirmation.

Students needing measles revaccination. Immunization record reviews frequently identify children who received measles vaccine prior to 1968 or before their first birthday. It is highly recommended that these children be revaccinated for measles.

For various reasons, some of the types of measles vaccine used before 1968 were less effective than the vaccine in use today. A very small percentage of children who received one of these vaccines has developed a severe form of measles after exposure to the disease. For the protection of these children, it is highly recommended that the vaccination be repeated.

Children vaccinated against measles before their first birthday have been found to have a significantly greater risk of developing measles than children vaccinated after that time. For this reason, it is also highly recommended that these children be revaccinated against measles.

State law does not currently require that children vaccinated prior to 1968 or before their first birthday be excluded from school in non-outbreak situations. All that is requested of the school is that the parent or guardian be informed of this recommendation, and that the school records be updated when evidence of revaccination is obtained.

PENALTIES FOR NON-ENFORCEMENT The greatest penalty for not enforcing the immunization requirements outlined in the state law is, of course, a disease outbreak in the school. Legal penalties for non-enforcement may include the administrator being charged with willful neglect of duty, which is a misdeameanor punishable by fines of up to $500, or imprisonment for up to one year, or both.

EVIDENCE OF ADEQUATE IMMUNIZATION

Acceptable evidence of adequate immunizations is a record provided by a licensed physician or public health authority that clearly indicates which immunizations have been received, the dates they were administered, and the signature or stamp of the physician or public health clinic that administered the immunizations or interpreted the child's immunization history. Adequate immunization is defined as having had at least three DTP or Td shots, three doses of polio vaccine, and one dose each of measles and rubella immunizations. Rubella immunizations are not required, but are highly recommended for female students twelve years of age or older.

The official immunization Record Card (ODH 218B) is provided by physicians and public clinics to parents and guardians as a personal record of their child's immunization history. Other documents can also be accepted by the school. These include immunization records provided by health departments in other states or any record provided by a licensed physician that indicates the specific immunizations and the dates they were received, and which is appropriately signed or stamped.

CHILDREN IN THE PROCESS OF RECEIVING IMMUNIZATIONS

Children following a medically approved schedule for completion of adequate immunization may be allowed to attend school. Their parents or guardians are required to present a schedule for completion of the required immunizations that has been signed by a licensed physician or public health authority. The schedule should outline a medically approved timetable for completion of the remaining immunizations. The parents should be informed that the schedule must be followed or the child will be excluded from school.

A recommended method for keeping track of all students in the process of receiving immunizations is a card file indexed by month. A card for each child still needing immunizations is made and filed by the month the immunization is due. The file can be reviewed once each month and students out of compliance can be easily identified.

RECOMMENDED IMMUNIZATION SCHEDULES

Following are the Oklahoma State Board of Health's recommended immunization schedules for infants and children.

PRIMARY IMMUNIZATIONS

Age	Vaccines
Two months	DTP and polio
Four months	DTP and polio
Six months	DTP
Fifteen months	Measles, rubella, and mumps
Eighteen months	DTP and polio

BOOSTER IMMUNIZATIONS

Age	Vaccines
Four to six years (before school entry)	DTP and polio
Every ten years thereafter	Td (adult)

PRIMARY IMMUNIZATIONS FOR CHILDREN NOT IMMUNIZED IN INFANCY

For Children One through Six Years of Age:

Date	Vaccines
First visit	DTP and polio
One month later	Measles, rubella, and mumps (on or after fifteen months of age)
Two months after first visit	DTP and polio
Four months after first visit	DTP
Six to twelve months later, or before school entry	DTP and polio
At age fourteen to sixteen years	Td, then booster every ten years

For Children Seven Years of Age and Over:

Date	Vaccines
First visit	Td and polio
One month later	Measles, rubella, and mumps
Two months after first visit	Td and polio
Six to twelve months later	Td and polio
At age fourteen to sixteen years	Td, then booster every ten years

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Note: The sequence of these schedules and recommended ages for certain immunizations may be altered if specific infections or epidemics are prevalent at the time. For example, measles vaccine should be given on the first visit if an epidemic is underway in the community.

PUBLIC IMMUNIZATION SERVICES IN OKLAHOMA

Immunization services are available without charge in all counties with local health departments. Usually no appointment is necessary. School administrators should be aware of the services available locally and refer parents to their family doctor or to the local health department clinic for immunization of their children.

Periodically throughout the year, the Immunization Program schedules public immunization clinics in counties without local health departments. To obtain information concerning the clinic schedules for these counties or to request that services be made available, please contact the Immunization Program of the Oklahoma State Department of Health.

STUDENTS WITH LOST OR UNAVAILABLE IMMUNIZATION RECORDS

Parents frequently lose or cannot obtain copies of the records of their children's immunizations. Whenever this occurs, the parent should be referred to the doctor or local health department clinic to obtain a duplicate copy. If duplicate copies are not available, the doctor or nurse can review the child's immunization history with the parent or guardian. Any needed or questionable immunization can be given at that time and a record created. This record is considered acceptable for transcribing to the school record.

REPORTING OF STUDENTS WITH VACCINE-PREVENTABLE DISEASES

School officials are requested to report to their local health department or to the Immunization Program of the Oklahoma State Department of Health any child ill or suspected to be ill with a vaccine-preventable disease such as measles, rubella, diphtheria, tetanus, pertussis (whooping cough), or poliomyelitis. Local or state health officials confirm all such reports before any outbreak control measures are instituted.

FORMS AND SUPPLEMENTAL MATERIALS

Forms necessary for implementation of the School Immunization Law, such as the Oklahoma Cumulative Health Record (ODH 216) and the Certificate of Exemption (ODH 216A) can be ordered by writing:

Immunization Program
Oklahoma State Department of Health
P. O. Box 53551
Oklahoma City, Oklahoma 73152
(405) 271-4073

The Immunization Program also maintains a supply of pamphlets and other informational materials concerning immunization and vaccine-preventable disease. These materials can also be ordered by writing the Immunization Program.

Three films on immunization and vaccine-preventable diseases are available to schools through the film library of the Health Education and Information Service of the Oklahoma State Department of Health. These include:

A Gift, An Obligation, 27 minutes, color. This film is intended to inform viewers of the dangers of childhood diseases and the need for immunization. It focuses on the lives of children of earlier generations, who fell victim to diseases that have since become preventable. The film is narrated by Cliff Robertson.

Defense Against Invasion, 12 minutes, color. A Walt Disney production which explains vaccination.

The Defense Must Not Rest, 14 minutes, color, 1968. This film describes how epidemics of currently vaccine-preventable diseases once ravaged Indian populations and gives a vivid description of the battle against vaccine-preventable diseases in America.

Schools may order these films by writing or telephoning:

Films and Publications Distribution Division
Oklahoma State Department of Health
P. O. Box 53551
Oklahoma City, Oklahoma 73152
(405) 271-5724

SECTION FIVE

HEALTH INFORMATION RESOURCES

There is a multitude of health information from many recognized sources available to school nurses at little or no cost. The listings in this section are health agencies and organizations that produce health materials and better known school health books and periodicals. When applicable, the listing contains the national, state, and local offices.

All resource materials used by school nurses and/or shared with pupils, school staff, and parents must be thoroughly reviewed and evaluated prior to use. Materials must be current, contain accurate information that reflects accepted practices, and be appropriate to the intended use. Materials from private corporations or health interest groups should be evaluated for educational content and should not be used as an obvious means to endorse, promote or sell products.

Agencies and Organizations

American Adademy of Pediatrics, P. O. Box 1034, Evanston, Illinois, 60204

American Cancer Society, Inc., 777 3rd Avenue, New York, New York, 10017. Oklahoma Division, 2233 N. W. 39th, Oklahoma City, Oklahoma, 73112, Phone 528-2929

American Dental Association, 211 East Chicago Avenue, Chicago, Illinois, 60611. Oklahoma Dental Association, 629 Northwest Expressway, Oklahoma City, Oklahoma, 73118, Phone 848-8875

American Diabetes Association, 600 5th Avenue, New York, New York, 10020. Western Oklahoma Chapter, Inc., Oklahoma City, Oklahoma, 73112, Phone 842-8839

American Heart Association, 7320 Greenville Avenue, Dallas, Texas, 75231. Oklahoma affiliate: 2915 N. Classen, P. O. Box 11376, Oklahoma City, Oklahoma, 73132, Phone 521-9838

American Humane Association, Children's Division, P. O. Box 1266, Denver, Colorado, 80201

American Lung Association, 1740 Broadway, New York, New York, 10019. Oklahoma Lung Association, 2442 N. Walnut, P. O. Box 53303, Oklahoma City, Oklahoma, 73105, Phone 524-8353

American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610. Oklahoma State Medical Association, 601 Northwest Expressway, Oklahoma City, Oklahoma, 73118, Phone 843-9571

American National Red Cross, 17th and D Streets, N. W., Washington, D.C., 20036. State level office 323 N. W. 10th, Oklahoma City, Oklahoma, 73103, Phone 232-7121

American Nurses Association, 2420 Pershing Road, Kansas City, Kansas, 64108. Also 1030 15th Street, N. W., Washington, D.C., 20005. Oklahoma Nurses Association, 6414 Sante Fe, Oklahoma City, Oklahoma, 73116, Phone 840-3476

American Public Health Association, 1015 18th Street, N. W., Washington, D.C., 20036

American School Health Association, 1521 South Water Street, P. O. Box 708, Kent, Ohio, 44240

The Arthritis Foundation, 3400 Peachtree Road, N. E., Atlanta, Georgia, 30326. Oklahoma affiliate: 3313 N. Classen Blvd., Suite 208, Oklahoma City, Oklahoma, 73118, Phone 521-0066

Asthma and Allergy Association, 1707 N Street, N. W., Washington, D.C., 20036

Bristol-Meyers Products Division, Educational Service Department, W.V. 45 Rockefeller Plaza, New York, New York, 10022

Cystic Fibrosis Foundation, 6000 Executive Blvd., Suite 309, Rockville, Maryland, 20852. Oklahoma affiliate: 4111 S. Darlington, Tulsa, Oklahoma, 74135

Epilepsy Foundation of America, 1828 L Street, N.W., Suite 406, Washington, D.C., 20036. Oklahoma Foundation for Epilepsy, 3313 Classen Blvd., Oklahoma City, Oklahoma, 73118, Phone 521-1018

Kidney Foundation, 2 Park Avenue, New York, New York, 10016. Oklahoma chapter: 3313 N. Classen, Oklahoma City, Oklahoma, 73118, Phone 528-3900

Leukemia Society of America, 800 2nd Avenue, New York, New York, 10017. Oklahoma chapter: 3022 Northwest Expressway, Suite 216, Oklahoma City, Oklahoma, 73112, Phone 947-3359

March of Dimes Birth Defects Foundation, Box 2000, White Plains, New York, 10602. Oklahoma chapter: 6051 N. Brookline, Oklahoma City, Oklahoma, 73112, Phone 848 4631

Metropolitan Life Insurance Company, 1 Madison Avenue, New York, New York, 10010. Oklahoma office: 3524 N. W. 56th, Oklahoma City, Oklahoma, 73112, Phone 943-8008

Muscular Dystrophy Association, Inc., 810 7th Avenue, New York, New York, 10019. Oklahoma chapter: 6451 N. MacArthur, Oklahoma City, Oklahoma, 73132, Phone 722-8001

National Association for Sickle Cell Disease, Inc., 3460 Wilshire Blvd., Suite 1012, Los Angeles, California, 90010

National Association of School Nurses, 7706 John Hancock Lane, Dayton, Ohio, 45459. School Nurses Organization of Oklahoma, c/o President, Zelma Mikolajczyk, Edmond Public Schools, Clyde Howell Center, 45 East 12th, Edmond, Oklahoma, 73034

National Cystic Fibrosis Research Foundation, 4111 S. Darlington, Tulsa, Oklahoma, 74135

National Dairy Council, 6300 North River Road, Rosemont, Illinois, 60018

National Multiple Sclerosis Society, Oklahoma chapter: 2809 N. W. 31st, Oklahoma City, Oklahoma, 73112

National Society to Prevent Blindness, 79 Madison Avenue, New York, New York, 10016. Oklahoma chapter: 2751 Northwest Expressway, Oklahoma City, Oklahoma, 73112, Phone 848-7123

Oklahoma Association for Children with Learning Disabilities, 3701 N. W. 62nd, Oklahoma City, Oklahoma, 73112, Phone 943-9434

Oklahoma Association for Mental Health, Inc., 5104 N. Francis, Oklahoma City, Oklahoma, 73118, Phone 524-6363

Oklahoma Association for Retarded Children, Inc., 923 Britton Road, P. O. Box 14250, Oklahoma City, Oklahoma, 73103

Oklahoma Department of Education, Oliver Hodge Memorial Education Building, 2500 N. Lincoln, Oklahoma City, Oklahoma, 73105

Oklahoma City Council on Alcoholism, 125 N. W. 5th, Oklahoma City, Oklahoma, 73102, Phone 236-8441

Oklahoma Department of Health, 1000 N. E. 10th, P. O. Box 53551, Oklahoma City, Oklahoma, 73152, Phone 271-5600

Oklahoma Hemophilia Center, 1122 N. E. 13th, Oklahoma City, Oklahoma, 73117, Phone 271-3661

Oklahoma League for the Blind, 501 N. Douglas, Oklahoma City, Oklahoma, 73106, Phone 232-4644

Oklahoma Lupus Association, 917 W. Michael Drive, Oklahoma City Oklahoma, 73115, Phone 737-3271

Oklahoma Medical Research Foundation, 825 N. E. 13th, Oklahoma City, Oklahoma, 73104, Phone 271-6673

Oklahoma Safety Council, 808 N. W. 88th, Oklahoma City, Oklahoma, 73114, Phone 848-8626

Oklahoma Society for Crippled Children, Inc., 2100 N. W. 63rd, Oklahoma City, Oklahoma, 73116, Phone 848-7603

Osteogenesis Imperfecta Foundation, Inc., 632 Center Street, Van Wert, Ohio, 45891

Parent Teachers Association of Oklahoma, 555 E. Constitution, Norman, Oklahoma, 73037, Phone 321-8111

Planned Parenthood Federation of America, 810 7th Avenue, New York, New York, 10019. Oklahoma chapter: 619 N. W. 23rd, Oklahoma City, Oklahoma, 73103, Phone 528-2157

Spina Bifida Association of America, 343 South Dearborn Street, Suite 319, Chicago, Illinois, 60604

United Cerebral Palsy Association, Inc., 66 East 34th Street, New York, New York, 10016. Oklahoma chapter: 3428 N. W. 20th, Oklahoma City, Oklahoma, 73107, Phone 947-7641

Books

American Academy of Pediatrics, School Health: *A Guide for Health Professionals*

American Public Health Association, *Control of Communicable Disease in Man*

C. V. Mosby Company, *School Nursing A Framework for Practice*

Doubleday and Co., *American Red Cross Basic First Aid*

F. A. Davis Co., *Taber's Cyclopedic Medical Dictionary*

J. B. Lippincott, *Guide to Physical Examination*

Medical Economice Company, *Physicians' Desk Reference* and *Physicians' Desk Reference for Nonprescriptive Drugs*

Merck and Co., Inc., *The Merck Manual*

National Education Association and American Medical Association, *School Health Services*

National Society for the Prevention of Blindness, *Teaching About Vision*

W. B. Saunders Company, *Dorland's Illustrated Medical Dictionary*

W. B. Saunders Company, *Nelson Textbook of Pediatrics*

Wiley Medical Publications, *Health Screening*

Handbooks, etc.

Community Council of Central Oklahoma, *Directory of Community Services*

Putnam City Schools, *Handbook for School Health Nursing*

Oklahoma State Health Department, *School Health Policy Guide*

Putnam City Schools, *Personnel Policies Handbook*

Oklahoma State Health Department, *Emergency Care Guide for Oklahoma Schools*

Periodicals

American Cancer Society, Cancer News

American Lung Association, American Lung Association Bulletin

American School Health Association, Journal of School Health

Ames Education Corporation, Diabetes in the News

Cramer Products, Inc., The First Aider

Curriculum Innovations, Current Health I and Current Health II

Department of Continuing Education, Harvard Medical School, The Harvard Medical School Health Letter

Department of Health and Human Services, Rockville, Maryland, FDA Drug Bulletin

Do It Now Foundation, d.i.n. Publications

Epilepsy Foundation of America, National Spokesman

National Arthritis Foundation, The National Arthritis News

National Association of School Nurses, The School Nurse

Oklahoma Arthritis Foundation, Arthritis Foundation News

Oklahoma Chapter Tourette Syndrome Association, The Oklahoma Tourette Newsette

Oklahoma Department of Menatl Health, Reach-Out Update

Oklahoma State Department of Health, Oklahoma Communicable Disease Bulletin

The Scoliosis Association, Inc., BACKTALK

Miscellaneous

Personal Products, Growing Up and Liking It
A Book About Girls...For Boys
How Shall I Tell My Daughter?

Kimberly-Clark Corporation, Very Personally Yours
The Miracle of You
Your New Self-Discovery
Tell It Like It Is

Glenbrook Laboratories, Division of Sterling Drug, Inc., "The Miracle of Nature" (Filmstrip)

Tampax, Incorporated, Accent on You. . .

Presbyterian Hospital and The Volunteer Auxiliary of Presbyterian Hospital, TEL-MED Tape Library

SECTION SIX

SCHOOL NURSE JOB PERFORMANCE

Oklahoma School Nurse Certificate

The primary objective of school nursing is to strengthen the educational process of children and youth by assisting them to improve or adapt to their health status. School nurse services are designed (a) to appraise the health status of pupils and school personnel; (b) to counsel pupils, teachers, parents, and others for the purpose of helping pupils obtain needed treatment; (c) as an agent in the control and prevention of communicable disease and ecological problems of the school and community; (d) to provide emergency care for injury or sudden illness; (e) as a resource person for the teacher in her health instruction program; (f) to promote optimum sanitary conditions.

The knowledge and skills which are the common denominator for all professional nursing practice are the basic requirements of school nursing.

Standard Certificate

The applicant shall satisfy all general requirements for eligibility.

1. The applicant shall hold a Bachelor's degree in nursing or a Bachelor's degree from an accredited four-year college or university.

2. The applicant shall hold a current registered nurse's license issued by the Oklahoma State Board of Nurse Registration and Nursing Education. A copy of the current license must accompany the application for all classes of school nurse certificates.

3. General Education: The Bachelor's degree will be considered as fulfillment of the general education requirements when it includes a minimum of six semester hours or credit in American History and American government with some credit in each.

4. Professional Education: The applicant shall have completed a minimum of twelve (12) semester hours of credit in appropriate professional education courses such as: Education Psychology, Methods of Teaching, Audiovisual Education, Educational Guidance, History and Philosophy, School Health Education, Child Growth and Development, Psychology of Exceptional Children, Introduction to Learning Disabilities, Psychology-Introduction to Personality, Developmental Psychology, and Theories of Leadership and Administration

in Nursing.

5. The twelve semester hours of credit in professional education may be completed within degree requirements or in addition to.

6. A person applying for a standard or provisional school nurse certificate shall have completed at least eight semester hours of college credit within the past five years.

7. Official evidence of teaching experience, school nurse experience, or work experience as a nurse in a hospital or community health agency during the five years just past may be substituted for the eight semester hours of credit at the rate of three semester hours of credit for each year of such experience.

Provisional Certificate

The applicant shall satisy all general requirements for eligibility.

1. The applicant shall hold a Bachelor's degree in nursing or a Bachelor's degree from an accredited four-year college or university.

2. The applicant shall hold a current registered nurse's license issued by Oklahoma State Board of Nurse Registration and Nursing Education. A copy of the current license must accompany the application for all classes of school nurse certificates.

3. A person applying for a standard or provisional school nurse certificate shall have completed at least eight semester hours of college credit within the past five years.

4. Official evidence of teaching experience, school nurse experience, or work experience as a nurse in a hospital or community health agency during the five years just past may be substituted for the eight semester hours of credit at the rate of three semester hours of credit for each year of such experience.

Provisional Certificate - Non-Degree Plan

After holding a temporary certificate for one year, a provisional certificate may be issued if the applicant presents official evidence that he has earned eight semester hours of college credit since the issuance of the temporary certificate. A maximum of five of the eight semester hours of credit may be from workshops related to education and/or health or work experience in a hospital or community health agency, such evidence to be evaluated and recommended by the school administrator requesting the certificate. (16 clock hours in a workshop is equal to one semester hour of college credit. 320 clock work hours is equivalent to five semester hours of college credit.)

Provisional Certificate - Non-Degree Plan - Renewal

The provisional school nurse certificate may be renewed indefinitely upon completion of eight semester hours of college credit since the last provisional certificate was issued. A maximum of five of the eight semester hours of credit may be from workshops related to education and/or health or work experience in a hospital or community health agency, such evidence to be evaluated and recommended by the school administrator requesting the certificate (16 clock hours in a workshop is equal to one semester hour of college credit. 320 clock work hours is equivalent to five semester hours of college credit.)

Temporary Certificate

1. The applicant shall meet the general education requirements concerning citizenship.

2. The applicant shall hold a current registered nurse's license issued by the Oklahoma State Board of Nurse Registration and Nursing Education. A copy of the current license must accompany the application for all classes of school nurse certificates.

3. An applicant who holds a Bachelor's degree and is currently registered with the Nurse Registration Board but who has not completed eight semester hours of credit within the past five years or three years of recent experience is eligible for a temporary school nurse certificate.

The temporary school nurse certificate is extended indefinitely beyond October 1, 1973.

Assignments and Working Hours

Assignments are made by the superintendent's office. The nurse assigned to elementary schools will serve one half day at each of two schools. The principal should understand that the schedules will need to be flexible enough to meet the overall needs of the total health programs. Suggested hours are 8:15 a.m. to 11:30 a.m. and 12:30 p.m. to 4:00 p.m.

The nurse assigned to the secondary schools will be on duty all day at their school. The working hours will be the same as secondary teachers, or as agreed to by the principal and the nurse.

All nurses are to sign The Teacher's Register daily. She shall advise the office of any unscheduled needs to leave the building.

Meetings and Organizations

All nurses (including those employed part time) are required to attend District nurses meetings and home school faculty meetings.

Many professional organizations have a common interest in school nursing and the need to exchange information for mutual growth. The cost of belonging to many is high and yet when leadership, recommendation, guidance, support, research, and promotion of the school nurse image is needed, the benefits or membership cannot be underestimated. Some of these organizations are listed below.

1. National Education Association, Oklahoma Education Association, Association of Classroom Teachers
2. National Association of School Nurses
3. School Nurse Organization of Oklahoma
4. American Nurses Association
5. Oklahoma Nurses Association
6. American Public Health Association
7. Association of Health, Physical Education and Recreation

Uniforms or Wearing Apparel

Options for Putnam City school nurses are:

1. Full white uniform. A nurse's cap and white hose are optional.

2. Full Public Health uniform (light blue, dark blue, or white combined with these).

3. 3/4 length white coat over tailored street clothes, hose, and appropriate shoes.

Name tags should be worn with all attire.

SECTION VII

SCHOOL RECORDS

The following is the Putnam City Board Policy adopted February 6, 1978 concerning student records.

It is necessary for the Board of Education to maintain extensive and sometimes personal information about students and their families for educational purposes. It shall be the responsibility of the Superintendent of schools to administer the following policies pertaining to the collection, maintenance, and dissemination of student records:

SECTION 1: Collection of Information. Information about a student and his family shall be collected upon entry into the Putnam City Schools. It shall be kept current and shall include:

--Basic information about the student and his or her family
--Attendance records
--Grades or progress reports
--Health information
--Records of achievement in the basic skills
--Results of intelligence, aptitude and interest tests
--Special individual test results on students with special needs.

At the opening of the school each fall all parents shall be notified of the standardized tests to be administered at each grade level. They shall also be notified if during the school year any individual diagnostic test reveals the need of a special program for their child.

When data is to be collected or used for nonschool purposes (research studies, local surveys, etc.) either by school personnel or outsiders, written authorization must be obtained from the Superintendent.

SECTION 2: Classification of Data. Differing kinds of data require different arrangements for security (see Section 3) and access (see Section 4).

Category "A" Data includes official administrative records that constitute the minimum personal data necessary for operation of the educational system. Specifically we take this to mean identifying data including names and address of parents or guardian, birthdate, academic work completed, level of achievement (grades, standardized achievement test scores), scores on aptitude tests, and attendance data. These records should be maintained in perpetuity as the Permanent Record subject to the conditions set forth in Section 3.

Category "B" Data includes verified information of clear importance, but not absolutely necessary to the school, over a period of time, in helping the child or protecting others. Specifically, scores on standardized intelligence tests, psychological tests, evidence of special talents and interests, health data, and family background information are included in this category.

SECTION 3: Record Maintenance. Each principal, or designate, shall be responsible for record maintenance and access within his or her building. The director of special services shall be responsible for the records which are kept at the special services office. All student records when not in use shall be kept under lock and key.

Four years after graduation, or four years after the student has left the Putnam City Schools for any reason, all of his or her records are destroyed except the Permanent Records.

SECTION 4: Release of Information. The school may, without consent of parents or students, release Category "A" and "B" information about a student to the following persons or agencies:

A. Teachers and other school officials, with the Putnam City School District who have a legitimate education interest.

B. Officials of other schools or school systems in which the student intends to enroll, upon condition that the student's parents be notified of the transfer, receive a copy of the record if desired, and have an opportunity for a hearing to challenge the content of the record.

C. Authorized representatives of (1) the Comptroller General of the United States; (2) the Secretary of Health, Education, and Welfare; and (3) the State Superintendent of Public Instruction and his or her officers or subordinates, so long as the intended use of the data is consistent with the State Superintendent's statutory powers and responsibilities.

D. Agencies requiring information in connection with a student's application for, or receipt of financial aid.

Written consent of the parents must be received prior to the release to any individuals, agencies, or organizations other than those indicated immediately above of any personnally identifiable records or files (or personal information contained therein) of students maintained by the Putnam City Schools.

> NOTE: For the purpose of this section and those to follow, whenever a student has attained 18 years of age or is attending an institution of post-secondary education, the permission or consent required of and the rights accorded to the parents of the student shall thereafter only be required of and accorded to the student.

The school may comply with written requests of the student or his or her parents for the release of information to employers, youth serving agencies, or other interested parties. The student or his or her parents should specify exactly what records are to be released, the reasons for such release, and to whom. A copy of the record will be furnished to the student or the parent if requested.

A student or his or her parents (or guardian) shall have access to his or her school records and should be provided a copy of those records if requested.

The school or any personnel may not divulge in any form, to any persons (other than those described above and in accordance with the described procedures) any information contained in school records except in compliance with judicial order, or pursuant to any lawfully issued subpoena. The student and/or parents will be notified of all such orders or subpoenas in advance of the compliance therewith.

A student and/or parents may request that scores obtained on the SAT, ACT, PSAT/NMSQT, or other scholastic aptitude tests administered outside the required school testing program may be withheld from the Permanent Record.

The school may provide anonymous data from its records for outside research purposes without consent under conditions where likelihood of personally identifying any individual because of his or her unique characteristics is remote.

SECTION 5: Examination of Records by Parents or Student. Any request to examine a student's record by a parent, student, or agent authorized by the parent or student shall be honored. The principal or his or her representative shall be present during the time such an examination is taking place. The parent or student upon the completion of such an examination may request that the principal remove any data considered to be detrimental and not in the best interests of the student.

SECTION 6: Review and Hearing. Should an impasse develop between the parent or student and the principal as to the removal of data, the parent or student shall be informed that a hearing to correct or remove inaccurate, misleading, or inappropriate data may be requested.

The parent or student shall complete the Request for Hearing form in triplicate. The parent will retain the original. One copy is to be retained by the Principal and one copy is to be forwarded to the Assistant Superintendent for Curriculum and Instruction.

Upon receipt of the request, the Assistant Superintendent for Curriculum and Instruction shall arrange for a hearing within fifteen (15) days of the date of the request. Those present at the hearing should be the parent, student, and/or their representative; the principal and/or the principal's representative; the director of elementary education or secondary education as appropriate; and the Assistant Superintendent for Curriculum and Instruction. The decision as to the inclusion or exclusion of the material in the record shall be made by the Assistant Superintendent for Curriculum and Instruction.

Should the parent and student not be satisfied with the action taken as a result of the hearing, they may appeal to the Superintendent. The Superintendent will forward a copy of his or her decision to all parties involved and to the Board of Education.

ESTABLISHING THE HEALTH RECORD

The nurse is to keep accurate, clear records of the health of all pupils in her school. Each student enrolled in the Putnam City schools shall have a permanent cumulative health record on file. These records contain confidential information and are to be updated at regular intervals.

The following procedure is to be used to establish the health record.

1. CUMULATIVE SCHOOL HEALTH RECORD (PCHR 1)

   Line 1 and Immunization record is to be completed by secretary, counselor, or teacher doing the enrolling. PLEASE PRINT. Copy the information from the immunization records furnished by student or parent at the time of enrollment and return those records then. Under no condition are we to keep students' personal records.

2. STUDENT HEALTH HISTORY (PCHR 2)

   To be completed entirely by the parent or guardian at time of enrollment. Please do not allow to take home.

3. Both forms are to be sent to the school nurse.

The following procedure is to be used for processing withdrawals:

1. The school nurse shall be notified immediately when a student withdraws from school.

2. The nurse will then be responsible for forwarding the completed student's cumulative record to the student's counselor or secretary.

3. The counselor or secretary shall maintain these records as part of the student's permanent file.

Permanent records of students with disabilities are identified with colored metal flags.

The code used is as follows:

Red: Emergency producing conditions, i.e., heart, epilepsy, diabetes.

Blue: Eye defects, either permanent or untreated referrals.

Yellow: Hearing problems, either past or present.

Orange: Special Education

Green: Incomplete health records and/or immunizations.

Pink: Vocational Rehabilitation.

Brown: Dental Problems.

Black: Scoliosis.

Approved communication forms are available from the Health Services office.

PUTNAM CITY HEALTH SERVICES
COMMUNICATIONS FORMS

NUMERICAL MASTER LIST

PCHR 1 Rev. 3-83...............Permanent P. C. Health Card
PCHR 2 Rev. 10-83..............Student Health History
PCHR 3V 2-82...................Vision Referral Notification
PCHR 3H Rev. 9-83..............Hearing Referral Notification
PCHR 3D 2-82 ....Dental Referral Notification
PCHR 4 Rev. 8-83...............School Personnel Directory
PCHR 5 Rev. 8-82...............Screening Work Sheet
PCHR 6 Rev. 3-81...............Daily Registry
PCHR 7 Rev. 4-80...............Health Record Transfer
PCHR 8R Rev. 5-82..............Requisition for Clinic Supplies
PCHR 8I Rev. 10-83.............Clinic Inventory
PCHR 9 Rev. 2-82...............Nurses Activity Report
PCHR 10 8-77...................Beltone Audios
PCHR 11 9-82...................Medication Record
PCHR 12 4-80...................Seizure Syndrome Checklist
PCHR 13 9-81...................Pediculosis Record
PCHR 14 8-77...................Diabetes
PCHR 15 8-77...................Clinic Permit
PCHR 16 8-77...................Request for Records
PCHR 17 8-77...................Referral Inquiry
PCHR 18 8-77...................Skin (Exclude)
PCHR 19 Rev. 10-83.............Update Sheets
PCHR 20 8-77...................Skin (Non-Exclude)
PCHR 21 8-77...................Notification Slip
PCHR 22 Rev. 11-81.............Pediculosis (Exclude)
PCHR 23 8-77...................Pediculosis (Non-Exclude)
PCHR 24 8-77...................Clinic Request
PCHR 25 8-77...................Physical Education Excuse
PCHR 26 Rev. 8-83..............Immunization Survey Letter
PCHR 27 4-78...................Child Abuse and Neglect
PCHR 28 Rev. 8-83..............Confidential Information
PCHR 29 5-78...................Parent's Permission
PCHR 30 Rev. 8-83..............Medication Policy
PCHR 31 4-80...................Head Injury Instruction Sheet
PCHR 32 11-81..................Exclusion for Illness
PCHR 33 5-82...................Health Services Profile
PCHR 34 9-82...................Communicable Disease Report

Miscellaneous

PCHR M1 8-83...................Asthma Information & Assessment Sheet
PCHR M2 8-83...................Second Lice Treatment Reminder
PCHR M3 8-82...................Control Spread of Head Lice Sheet
PCHR M4 8-83...................Health Counseling Record
PCHR M5 8-83...................Request for Hearing Evaluation
PCHR M6 8-80...................Medication Permit

9-83

CUMULATIVE SCHOOL HEALTH RECORD

Line 1 and Immunization record to be completed by school personnel enrolling student. Please Print

PUTNAM CITY SCHOOLS
5401 N.W. 40th
Oklahoma City, Oklahoma 73122

Date of Enrollment ______________________ Grade ______________

1. Name of Pupil ______________ (Last) ______________ (First) ______________ (Middle) ______ Sex ______ Birthdate ______________

2. Address ______________________________ Home Phone ______________

3. Parent or Guardian ______________________ Bus. Phone (mother) ______________ (father) ______________

4. Physician ______________________________ Phone ______________ Hosp pref ______________

5. Person to call if parent not available 1 ______________ Phone ______________ Call Ambulance Yes

(Local Residents Please) 2 ______________ Phone ______________ In emergency No

PRIMARY IMMUNIZATIONS

Vaccine	Date Given	Phy. or Clinic	Vaccine	Date Given	Phy. or Clinic
DPT-Dose 1			Polio-Dose 1		
DPT-Dose 2			Polio-Dose 2		
DPT-Dose 3			Polio-Dose 3		
Measles			Polio-Dose 4		
Rubella			**Oklahoma Law requires no less than 3 DPT/DT, 1 Measles, 1 Rubella and 3 Polio immunizations before school entry.**		
Mumps					

BOOSTER IMMUNIZATIONS

DPT-Dose 4			Other Vaccine or Test	
DPT-Dose 5				
DT-(Adult)				
DT-(Adult)				

DPT-Diphtheria-Pertussis-Tetanus   DT-Diphtheria-Tetanus

TRANSFER RECORD

Date	From	Address	To	Address

HISTORY, HEALTH CONDITIONS & RECOMMENDATIONS

	Year		Year		Year
ALLERGIES		HANDICAPS		SURGERY	
ARTHRITIS		HEADACHES			
ASTHMA		HEART CONDITION		TONSILLITIS, chronic	
CANCER		KIDNEY		TUBERCULOSIS	
CHICKENPOX		MEASLES		OTHER	
CONVULSIONS		MUMPS			
DEFORMITIES		PERTUSSIS		LAST EYE DOCTOR EXAM	
		POLIO		GLASSES OR CONTACTS WORN	
DIABETES		PNEUMONIA		LAST DENTIST EXAM	
		RHEUMATIC FEVER		MEDICATIONS TAKEN REGULARLY	
EARACHES, chronic		RUBELLA		DATE DRUG	DOSE
EMOTIONAL PROBLEMS		SCARLET FEVER			
		SINUSITIS, chronic			
FRACTURE		SKIN DISEASE			
		SPEECH			
		STOMACH DISORDERS			

Page 2 - School Health Record

SCHOOL SCREENING TESTS

Name ______________________

SCHOOL	DATE	GR.	HT.	WT.	VISION							HEARING			DENTAL
					FAR		NEAR		G/C	PHORIA, PLUS LENS, COLOR, ETC.,	CODE				
					R	L	R	L				R	L	CODE	CODE
					20/	20/	20/	20/							
					20/	20/	20/	20/							
					20/	20/	20/	20/							
					20/	20/	20/	20/							
					20/	20/	20/	20/							
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					20/	20/	20/	20/							
					20/	20/	20/	20/							
					20/	20/	20/	20/							

	DATE	GR.	SCOLIOSIS	DATE	GR.	OTHER TESTING

CODE + DEFECT NOTICE
O SATISFACTORY

G/C WITH GLASSES OR CONTACTS
T.A. TREATMENT ADVISED

U.T. UNDER TREATMENT
T. CORRECTED

NURSES NOTES

Date		Nurse

PCHR 1 (Rev. 3/83)

STUDENT HEALTH HISTORY

PUTNAM CITY SCHOOLS
Oklahoma City, Oklahoma

To be completed by parent or guardian at time of enrollment.

Date of Enrollment ____________________ Grade ______________

1 Name of Pupil ____________ (Last) ____________ (First) ____________ (Middle) Sex ______ Birthdate ____________

2 Address ____________________ Zip ________ Home Phone ____________

3 Parent or Guardian ____________________ Bus. Phone (mother) ____________ (father) ____________

4 Physician ____________________ Phone ____________ Hosp pref. ____________

Physician ____________________ Phone ____________ Call Ambulance Yes No

5 Person to call if parent not available 1. ____________________ Phone ____________

(Local Residents Please) 2 ____________________ Phone ____________

HISTORY, HEALTH CONDITIONS & RECOMMENDATIONS

	Year		Year		Year
ALLERGIES		HANDICAPS		SURGERY	
ARTHRITIS		HEADACHES			
ASTHMA		HEART CONDITION		TONSILLITIS, chronic	
CANCER		KIDNEY		TUBERCULOSIS	
CHICKENPOX		MEASLES		OTHER	
CONVULSIONS		MUMPS			
DEFORMITIES		PERTUSSIS		LAST EYE DOCTOR EXAM	
		POLIO		GLASSES OR CONTACTS WORN	
DIABETES		PNEUMONIA		LAST DENTIST EXAM	
		RHEUMATIC FEVER			
EARACHES, chronic		RUBELLA			
EMOTIONAL PROBLEMS		SCARLET FEVER			
		SINUSITIS, chronic			
FRACTURE		SKIN DISEASE			
		SPEECH			
		STOMACH DISORDERS			

MEDICATIONS TAKEN REGULARLY

DATE	DRUG	DOSE

Additional comments ____

Putnam City School(s) Attended Date(s) ____

PCHR 2 Rev. 10-83

Signature ____________________

PUTNAM CITY SCHOOLS
HEALTH SERVICES

School ____________

Dear Parent,

Results of your child's vision check with the Titmus Vision Tester indicate that a more complete professional examination is needed. This does not necessarily mean that glasses or other treatment is needed, but that he/she needs further evaluation.

Please take this report to your doctor and return it, with the findings recorded below, to the school.

Please feel free to call me if you have any questions or need assistance in obtaining services.

Sincerely,

____________ Date

____________ School Nurse

****

____________ Name of Student ____________ Grade ____________ Teacher

SCHOOL TEST RESULTS: Wearing Glasses: Yes ____ No ____ Contact Lenses: Yes ____ No ____

VISUAL ACUITY: Normal is considered to be 20/20 to 20/30

FAR Right ______ Left ______
NEAR Right ______ Left ______

MUSCLE BALANCE: FAR Pass ______ Fail ______ Lat. ______ Vert. ______
NEAR Pass ______ Fail ______

EXCESSIVE FARSIGHTEDNESS: Pass ______ Fail ______
(Plus Lens)

COLOR PERCEPTION: Pass ______ Fail ______

OTHER FINDINGS: ____

DOCTOR'S REPORT TO SCHOOL:

Findings and Recommendations ____

____

____________ Date of Examination

____________ Signature of Examiner

PCHR 3V Rev. 2-82 Original to parent Copy for Health Record

PUTNAM CITY SCHOOLS
HEALTH SERVICES

School ____________________

Dear Parent,

Results of your child's hearing tests at school indicate a need for further evaluation. Medical examination by an ear specialist and/or family physician is recommended.

After your child's examination is completed, please return the physician's report of findings and recommendations to the school.

Please feel free to call me if you have any questions or need assistance in obtaining services.

Sincerely,

____
Date

____
School Nurse

****

____
Name of Student Grade Teacher

SCHOOL TEST RESULTS:

Right Ear

250	500	1000	2000	4000	6000

Left Ear

250	500	1000	2000	4000	6000

________ Impedence (tympanometer) test results indicate potential medical problem.

PHYSICIAN'S REPORT TO SCHOOL:

Findings and Recommendations ____________________

____

____
Date of Examination

____
Signature of Examiner

PCHR 3H Rev. 9-83 Original to parent Copy for Health Record

PUTNAM CITY SCHOOLS
HEALTH SERVICES

School ______________________

Dear Parent,

Results of your child's dental check at school indicate that a more complete professional examination and possible treatment is needed. Please consult the examiner of your choice and ask that the report below be completed and returned to school.

Please feel free to call me if you have any questions or need assistance in obtaining services.

Sincerely,

______________________ ______________________
Date School Nurse

****

____
Name of Student Grade Teacher

DENTIST'S REPORT TO SCHOOL:

Findings and Recommendations ______________________________

____

____

______________________ ______________________
Date of Examination Signature of Examiner

PCHR 3D Rev. 2-82 Original to parent Copy for Health Record

PUTNAM CITY SCHOOLS
EMERGENCY PROCEDURE CARD
SCHOOL PERSONNEL

Name ______________________ Position ______________

Address ______________________ Home Phone ______________

In case of emergency, illness, or accident, the school is authorized to proceed as indicated:

Notify: 1. ____
Name Relationship Home Phone Business Phone

2. ____
Name Relationship Home Phone Business Phone

Name of Physician(s) ______________________________
Office Phone

____
Office Phone

Hospital Preference ______________________________

Present conditions, allergies, medications regularly taken which should be known: ________

____

Signature ______________________ Date ______________

PCHR 4 Rev. 8-83

PUTNAM CITY SCHOOLS HEALTH SCREENING WORK SHEET

School
Grade
Room
acher
Screener/Nurse
Date
ear

NAME OF STUDENT		DATE ENT. WD.	POSTED	HT.	WT.	VISION						HEARING			DENTAL	NOTES
LAST	FIRST					FAR		NEAR		PHORIA PLUS LENS COLOR						
						R	L	R	L			R	L			
						20/	20/	20/	20/							

CODE:
+ defect noted
o satisfactory
TA treatment advised
T corrected
G/C w/ glasses or contacts
UT under treatment

SCHOOL CLINIC DAILY REGISTRY

DATE ____________________

NURSE ____________________

NAME	GR	HR	AR	LV	T		TA	FA	CL	HM

CLINIC VISITS:

T.A. __________

F.A. __________

Excluded __________

C.D. __________

CONFERENCES:

Tch. __________

Prin. __________

Parent __________

Other __________

SCREENINGS:

New __________

Vision __________

Hearing __________

Dental __________

Scoliosis __________

B.P. __________

NST __________

____

PCHR 6 Rev. 3-81

PUTNAM CITY SCHOOLS

HEALTH RECORD TRANSFERS

NAME	GR.	SCHOOL	DATE			NOTES
			REQ.	REC.	SENT	

PCHR 7 Rev. 4-80

PUTNAM CITY SCHOOLS
HEALTH SERVICES
REQUISITION FOR CLINIC SUPPLIES

SCHOOL DATE
ENROLLMENT NURSE

		Unit of Issue	Supply On Hand	Ordered	Shipped	Cost	
Adhesive Tape	½ inch	roll					
	1 inch	roll					
	2 inch	roll					
Alcohol Isoprophyl		pint					
Ammonia Crushable		dozen					
Applicators	cotton tip	pkg/100					
	without cotton	pkg/864					
Aspirin	children's	btl/36					
	Gr. v	btl/1000					
Bandages unsterile	1 inch	pkg/24					
	2 inch	pkg/12					
Band Aids	Junior	box/100					
	3/4 x 3	box/100					
	1 x 3	box/100					
	Spot	box/100					
	X-large	box/50					
Blistex	Small tube	each					
B[illegible]erfly	medium	box/100					
	large	box/100					
Calamine lotion		6 oz.					
Cotton balls unsterile		pkg/2000					
Dermassage lotion		8 oz.					
Emesis basins		each					
Eye Pads		box/50					
Flashlight	Sz. D	each					
Flashlight batteries	Sz. D	pkg/2					
	C	pkg/2					
	AA	pkg/2					
Gauze pads sterile	2 x 2	box/100					
	4 x 4	box/100					
Green Soap Tincture		pint					
Ipecac		1 oz.					
Lysol liquid		pint					
Medicine cups		tube/100					
Needles Sterile	5/8 x 25	pkg/100					
Oil of Clove		each					
Peroxide		each					
Safety pins	Sz. 1	pkg/144					
	Sz. 2	pkg/144					
Scissors	Bandage 5½ inches	each					
	Manicure	each					
Splints	Ash	dozen					
Te[illegible]a	2 x 3	box/100					
Th[illegible]mometers	Oral	each					
Temp Aways		1000					
Tube gauze for fingers		15 yds.					
Tongue Depressors		box/500					
Tourniquet		each					

PCHR 8R Rev. 5-82

Page 2 - Requisition for Clinic Supplies

		Unit of Issue	Supply On Hand	Ordered	Shipped	Cost	
Tweezers	pointed	each					
	straight	each					
Vaseline		tube/1 oz					
Water bottle - Ice bag combo		each					
Zepharin Sol		gallon					
Nu Vise Tabs	specify color						
Plastic bags		500					
Water cups		pkg/100					
Blankets	Color	each					
Pillows		each					
Pillow covers	plastic	each					
	fabric	each					
Towels		each					
Washcloths		each					
[illegible]ngs		each					
[illegible]pe remover		each					
Tissue	facial	each					
Ice chest		each					
Miscellaneous							

Printed Forms PCHR # :

1		10	22
2		11	23
3V		12	24
3H		13	25
3D	3S	14	26
4		15	27
5		16	28
6		17	29
7		18	30
8I		19	31
8R		20	32
9		21	33
			34

Other:

[illegible]H #216A

From the Desk of

PCHR 8R Rev. 5-82 Original and one copy to Health Services Copy for School Nurse

PUTNAM CITY SCHOOLS CLINIC INVENTORY
Equipment & Furnishings

Date ____________________

Nurse ____________________

School ____________________

QTY.	ITEM	DATE(S) PURCHASED	DESCRIPTION AND CONDITION
	Audiometer		
	Bookcase, Free standing		
	Bulletin Boards		
	Cannister		
	Chair, Nurse		
	Chair, Student		
	Clock		
	Couch		
	Cot, folding		
	Desk, Nurse		
	Desk, Student		
	Display Rack		
	File Cabinet 5 x 8		
	File Cabinet Letter		
	File Cabinet Legal		
	First Aid Cabinets, Free Standing		
	Goose Neck Lamp		
	Heater, Portable		
	Ice Chest		
	Mirror for Vision Testing		
	Mirror Stand		
	Models		

PCHR 8 I Rev. 10-83

PAGE 2 - Clinic Inventory

School ______________________

QTY.	ITEM	DATE(S) PURCHASED	DESCRIPTION AND CONDITION
	Charts		
	Otoscope		
	Refrigerator		
	Scales		
	Screens, Portable		
	Sphygmomonometer		
	Stethescope		
	Storage Cabinets, Free Standing		
	Stretcher		
	Sundry Jar Set		
	Table		
	Typewriter		
	Typewriter Stand		
	Vision Tester		
	Waste Cans		
	Waste Paper Baskets		
	Wheel Chair		
	Professional Books & Manuals:		
	Misc.		

PCHR 8 I Rev. 10-83 Original to Health Services Copies for Principal and School Nurse

PUTNAM CITY SCHOOLS
NURSES' ACTIVITY REPORT

SCHOOL ____________________
ENROLLMENT ________________

DATE ______________________
NURSE _____________________

		End 1st Quarter	End 2nd Quarter	End 3rd Quarter	End 4th Quarter	Year Total
New Enrollees (include Kdg.)						
Immunization requirements not met to date						
Reported to Principal for non-compliance						
PUPIL CONTACTS (Count each child once)						
First Aid						
Exclusion for illness						
Counseling						
Referrals						
Other						
ASSISTANCE IN HEALTH INSTRUCTION						
Provided materials or counsel						
Number of classroom presentations						
CONFERENCES - PERSONAL AND TELEPHONE						
Teacher						
Principal						
Other school personnel						
COMMUNICABLE OR NUISANCE DISEASE (LIST)						
PARENT CONTACTS						
Home Visits ______ School Conf.						
SCREENING						
NEW STUDENT ASSESSMENT						
NST (Kdg.)						
VISION	Screened					
	Referred					
	Corrected					
HEARING	Screened					
	Referred					
	Corrected					
DENTAL	Screened					
	Referred					
	Corrected					
SCOLIOSIS	Screened					
	Referred					
	Corrected					
OTHER (Explain)						

PCHR 9 Rev. 2-82

GROUP ACTIVITIES (Meetings, talks, etc.)

OTHER SERVICES PROVIDED

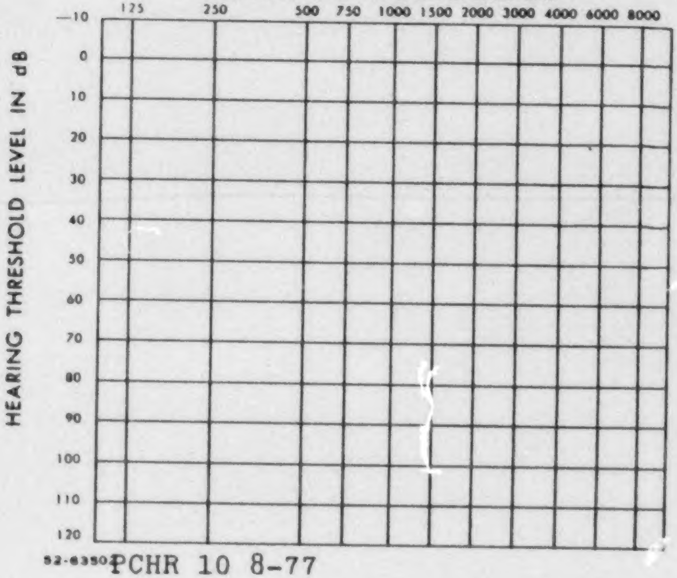
COMMENTS:

NAME ______________________ DATE ______________

ADDRESS ______________________ AGE ______________

Beltone AUDIOGRAM

BY ______________



52-6350 PCHR 10 8-77

TO: Nurse or office personnel
Please initial under date after
giving medication or treatment.

PUTNAM CITY S[illegible]OLS

MEDICATION AND TREATMENT RECORD

MONTH ______________________

NAME	GR	HR	DRUG OR TREATMENT	DOSE	TIME TO BE GIVEN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

PCHR 11 9-82

PUTNAM CITY SCHOOLS
SEIZURE SYNDROME CHECKLIST

The following information should be obtained from parents when conference is held at the beginning of the school term.

Student's Name ______ Grade ______ Date ______

Parent's Name ______ Address ______ Phone ______

Alternate person to call in emergency ______ Phone ______

Physician Name ______ Address ______ Phone ______

Date of last Medical Examination ______

Date of last visit to Physician ______

Type of medication now using ______ Dosage ______

Need to be taken during school hours? ______

If yes, when? ______

Seizures - Type: ______

Frequency: ______

Date of last seizure ______

Seizure Behavior - What happens when student has a seizure?
(Check where applicable)

Loss of consciousness ______
Falling ______
Convulsive movements ______
Purposeful-like but inappropriate or irrelevant acts ______
Momentary Staring ______
Sudden jerking movements ______
Aggressive or rage behavior ______
Tongue biting ______
Incontinence: Urine ______
Feces ______
"Epileptic" cry or shout ______

Seizure Consequence - What happens after having a seizure?
(Check where applicable)

Embarrassment and/or Withdrawal ___
Headaches ______
Unsteadiness of gait ______
Nausea ______
Drowsiness ______
Confusion ______
Deep Sleep ______
Paralysis ______

PCHR 12 4-80

Recovery time ______________________________

Time of day seizures usually occur? ____________________

Aura - (i.e., warning sensations)

Does student have an aura? How often? ____________________

Before all seizures ________
Before some seizures ________
Before none of the seizures ____

Factors Influencing Seizure Frequency

What is likely to bring on a seizure?

Drinking ____________
Stress ____________
Fatigue ____________
Fever ____________

Loud sounds ____________
Flashing light ____________
Other ____________

Has student ever been injured as a result of a seizure? Yes ____ No ____

If yes, briefly describe ______________________________

____

Permission is hereby given to release this information to school personnel having need of such knowledge.

____
Parent or Guardian

____
Date

PUTNAM CITY SCHOOLS

PEDICULOSIS RECORD

SCHOOL____________________ NURSE____________________

NAME OF STUDENT	GR	TCH/RM	DATES				OTHER CONTACTS	REMARKS
			EXCLUDE	ADMIT	7-10 da. RX # 2	R✓ # 2		

PCHR 13 9-81

WHAT SCHOOL PERSONNEL SHOULD KNOW ABOUT THE STUDENT WITH DIABETES

Prepared by American Diabetes Association, Committee on Diabetes in Youth
Endorsed by the National Education Association, Department of School Nurses

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GENERAL INFORMATION

All school personnel (teachers, nurses, principal, lunchroom workers, playground and hall supervisors, bus drivers, counselors, etc.) *must* be informed that a student has diabetes. It is imperative all personnel understand the fundamentals of the disease and its care.

Diabetes is *NOT* an infectious disease. It results from failure of the pancreas to make a sufficient amount of insulin. Without insulin food cannot be used properly. Diabetes currently cannot be cured but can be controlled. Treatment consists of daily injections of insulin and a prescribed food plan. Children with diabetes can participate in all school activities and should not be considered different from other students. It is essential school personnel have conferences with parents early in each school year to obtain more specific information about the individual child and his specific needs. Communication and cooperation between parents and school personnel can help the diabetic child have a happy and well adjusted school experience.

INSULIN REACTIONS

Insulin reactions occur when the amount of sugar in the blood is too low. This is caused by an imbalance of insulin, too much exercise, or too little food. Under these circumstances the body sends out numerous warning signs. If these signs are recognized early, reactions may be promptly terminated by giving some form of sugar. If a reaction is not treated, unconsciousness and convulsions may result. The child may recognize many of the following warning signs of low blood sugar and should be encouraged to report them.

WARNING SIGNS OF INSULIN REACTIONS

Excessive Hunger
Perspiration
Pallor
Headache
Dizziness
Nervousness or Trembling

Blurred Vision
Irritability
Crying
Confusion
Inability to Concentrate
Drowsiness or Fatigue

Poor Coordination
Abdominal Pain or Nausea
Inappropriate Actions/Responses

TREATMENT

At the first sign of any of the above warning signs:

Give sugar immediately in one of the following forms:

a. Sugar—5 small cubes, 2 packets, or 2 teaspoons
b. Fruit juice—1/2 to 2/3's cup
c. Carbonated beverage—*(Not diet or sugarless soda pop)*—6 ounces
d. Candy—1/4 to 1/3 candy bar

The student experiencing a reaction may need coaxing to eat. If improvement does not occur within 15-20 minutes, repeat the feeding. If the child does not improve after administration of the second feeding containing sugar, the parents or physician should be called. When the child improves, he should be given a small feeding of 1/2 sandwich and a glass of milk. He should then resume normal school activities and the parents advised of the incident.

(over)

IET Children with diabetes follow a prescribed diet and may select their foods from the school lunch menu or bring their own lunch. Lunchroom managers should be made aware of the child's dietary needs, which may include midmorning and midafternoon snacks to help avoid insulin reactions. Adequate time should be provided for finishing meals.

URINE TESTING The amount of sugar in the urine of a child with diabetes reflects the level of sugar in the blood. Testing the urine for sugar several times a day serves as an effective guide to proper diabetes control. Urine tests for sugar should be made before meals, and time should be allowed before lunch for the diabetic child to perform this test if requested.

GENERAL ADVICE The child with diabetes should be carefully observed in class, particularly before lunch. It is best not to schedule physical education just before lunch; and if possible the child should not be assigned to a late lunch period. Many children require nourishment before strenuous exercise. Teachers and nurses should have sugar available at all times. The child with diabetes should also carry a sugar supply and be permitted to treat a reaction when it occurs.

Diabetic coma, a serious complication of the disease, results from uncontrolled diabetes. This does *NOT* come on suddenly and generally need not be a concern to school personnel.

THE FOLLOWING INFORMATION SHOULD BE OBTAINED FROM PARENTS WHEN CONFERENCE IS HELD AT THE BEGINNING OF THE SCHOOL TERM.

Child's Name ______________________ Date ______________________

Parent's Name ______________________ Address ______________________ Phone ______________________

Alternate person to call in emergency ______________________ Relationship ______________________ Phone ______________________

Physician's Name ______________________ Address ______________________ Phone ______________________

Signs and symptoms the child usually exhibits preceding insulin reaction: ______________________

Time of day reaction most likely to occur: ______________________

Most effective treatment (sweets most readily accepted): ______________________

Kind of morning or afternoon snack: ______________________

Suggested "treats" for in-school parties: ______________________

SUBSTITUTE AND/OR SPECIAL TEACHERS SHOULD HAVE ACCESS TO THE ABOVE INFORMATION.

This material may be reprinted for the child's cumulative school record.
For additional information or copies of this card, contact:
American Diabetes Association, 1 West 48th Street, New York, New York 10020

RCHR 14 8-77

CLINIC PERMIT

Date________________

Name ____
is referred to the clinic for:

____

____

Home Room _________________ Grade _____________
Teacher __________________ Time _____________

****

NURSE REPORT

____Temperature
____First Aid
____Well enough to return to class
____Being sent home
____Stay inside ____Excuse P. E.
____Return to clinic at ______________________
____Observe
____Report further symptoms
____Referred to physician/dentist

____

____

PCHR 15 8-77

PUTNAM CITY SCHOOLS

REQUEST FOR HEALTH RECORDS

____
School

____
Address

____
Date

To __________________________
____
____

Please forward health records for the following pupils:

________________________________ grade ______ birthdate ____________
________________________________ grade ______ birthdate ____________
________________________________ grade ______ birthdate ____________

Thank you.

____
School Nurse

PCHR 16 8-77

PUTNAM CITY SCHOOLS

REFERRAL INQUIRY

DATE ____________________

Dear Parent:

Several weeks ago, a notice was mailed to you advising that results of school screening tests for Vision ________, Hearing ________, Other ________, were such that further professional examination was recommended.

To date, we have not received a response to that notice. It would be very helpful to me in providing the best possible care for your child if you would let me know if a doctor has been consulted and what the results were.

If you feel you cannot afford care by a private physician, assistance through a community source may be available.

Please check the appropriate responses below and return to me at school.

Thank you.

Sincerely,

____
School Nurse

____	seen by family physician	Results ____________________
____	seen by ear physician	Results ____________________
____	seen by eye physician	Results ____________________
____	has future appointment	Date ____________________
____	other (explain)	____________________
____	need assistance	

TO THE PARENTS OF:

____
Student

____
Grade H.R.

PCHR 17 8-77

PUTNAM CITY SCHOOLS

REPORT TO PARENT

RE: ______________________________

Room ____________ Grade __________

Your child was seen by the school nurse today and found to have what appears to be a contagious skin infection. It is necessary to consult your physician for a diagnosis.

Please request your doctor to complete the form below. It is to be returned to the school before the child will be re-admitted to class.

__________________________ Date

__________________________ School Nurse

TO BE COMPLETED BY THE PHYSICIAN

Diagnosis ______________________________

Student has your permission to return to school? ______________________________

Do the affected areas need to be kept covered? ______________________________

__________________________ Date Examined

__________________________ Examiner

PCHR 18 8-77 Original to parent Copy for Health Record

PUTNAM CITY SCHOOLS

UPDATE USE ONLY

School now attending ______________________ Year ______

In order for the school to have an up to date health history on your child, please complete this form and return to the school.

1. Pupil ______________________________________ M F ______________________
   Last First Check one Grade Home Room

2. Address ____
   Street City Zip Home Phone

3. Parent or Guardian ______________________ Bus. Phone (Mother) ______________
   (Father) ______________

4. Physician ______________________ Phone ______________________
   Hospital Preference ______________ Call ambulance in emergency: Yes ________ No ________

5. Local person to call 1. ______________________ Phone ______________
   if parent not available: 2. ______________________ Phone ______________

6. Illnesses and immunizations your child has had, not previously reported to school ______________
   ____

7. Glasses worn? ________ Contacts? ________ Last Eye Doctor exam? ______________

8. Does your child have any health problems the school should know about? ______________
   If so, describe ____

9. Please list medication(s) and dosage your child takes regularly ______________________

10. Putnam City School(s) Attended, Date ______________________________

Date ____________ Signature of parent or guardian ______________________

PCHR 19 Rev. 10-83

PUTNAM CITY SCHOOLS

REPORT TO PARENT

RE: ______________________________

Room ______________ Grade ________

Your child was seen by the school nurse today and found to have what appears to be a contagious skin infection. This condition could become worse and possibly spread to other children if not properly cared for.

Thorough washing, softening and removal of scabs with warm water and soap will often take care of the infection. Special ointments available at your local pharmacy will aid in a more rapid healing of these types of infections. If the areas do not show improvement after 2 to 3 days, it will be necessary to consult your physician.

If the areas are kept covered by dressings, your child may continue in school. Otherwise, he must be kept at home until the lesions are healed.

____

Date

____

School Nurse

PCHR 20 8-77 Original to parent Copy for Health Record

PUTNAM CITY SCHOOLS

NOTIFICATION SLIP

THIS NOTICE DOES NOT EXCLUDE CHILD FROM SCHOOL

Physical inspection of your child, ________________________________,

________, seem to reveal an abnormal condition of ____________________
grade

____

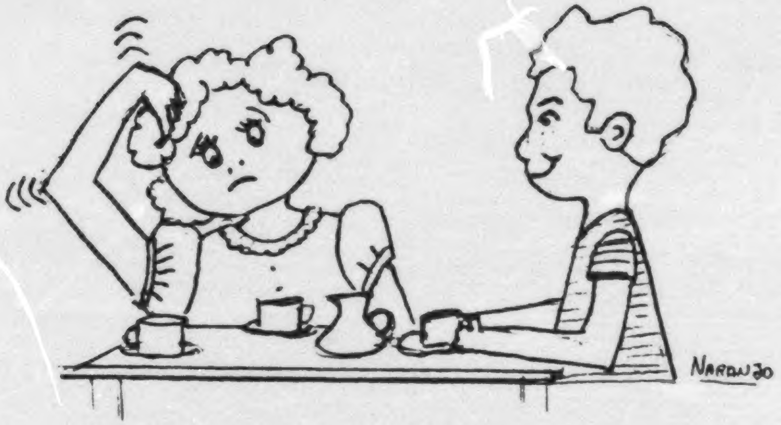
____.

We recommend that you seek the advice of your family physician for diagnosis, advice, and treatment.

____
Date

____
School Nurse

PCHR 21 8-77



Guidelines For Control of Head Lice

PUTNAM CITY SCHOOLS

REPORT TO PARENT:

In a screening examination at school your child was found to have head lice. These lice could have come from almost anywhere - a classmate, an upholstered seat at a movie, or another child's sweater, hat, or pillow. Head lice do not carry any disease, nor does their presence mean that your child is dirty. However, to prevent further spread in the school, this condition should be treated at once. To eliminate this condition, the lice and eggs (nits) must be destroyed and removed. You may wish to consult your doctor or follow the recommendations given below.

Upon return to school your child must present proof of treatment (a shampoo box top, a note from you, or a note from your physician). Your child will be rechecked. If the treatment was not satisfactory, he or she will not be readmitted to school.

Health Department Recommendations

I. Treatment
   A. Several shampoos to kill lice are on the market. Some can be bought over-the-counter at your local drugstore, but others require a prescription. It is very important to follow instructions included with the product.
   B. All persons in the household and other close contacts should be checked and treated if necessary.

II. Procedure
   A. Remove all clothing.
   B. Use shampoo as directed on label. While pediculicides rapidly kill crawling lice, they do not kill all nits.* Therefore, it is important that all remaining nits be removed. This is sometimes quite difficult. A fine-toothed comb or stripping of hair shafts between two fingernails is most useful in removing the nits.
   C. Put on clean clothes after shampooing.

III. All clothing, towels, and bed linens used by persons with head lice should be washed in hot, soapy water and dried or ironed on hot setting.

IV. Dry-clean all clothing and hats that cannot be washed. Thoroughly wash combs, brushes, and similar articles in hot, soapy water to disinfect. The U.S. Public Health Service recommends that you limit cleaning of carpets, upholstered furniture, etc., to simple vacuuming. Using insecticides or fumigants on upholstered furniture, carpets, bedding, etc., is not necessary.

V. Your child will be readmitted to school immediately after treatment is judged to have been effective by school officials. A student who is absent more than 1-2 days because of head lice will be considered truant.

VI. All initially infested persons should be retreated in 7-10 days. Your child will be rechecked at that time.

VII. To prevent spread, persons with head lice should not share articles that come in contact with the head, neck, or shoulders (combs, brushes, hats, coats, towels, etc.). Parents of your child's closest friend(s) should be notified that their child may also be infected.

____
Date

____
Nurse

* "Letter to Parents of an Infested Child," Center for Disease Control, Atlanta, Georgia, November 1981

PCHR 22 Rev. 11-81

PUTNAM CITY SCHOOLS

REPORT TO PARENT:

Your child has been examined at school for evidence of head lice. Though there was no evidence of infestation today, you should be alert to the possibility of this condition appearing at any time. Symptoms to watch for are itching, matting of hair, rash of hair covered areas, or presence of lice or nits (eggs).

Even the cleanest child may become infested with head lice as a result of playing with other children. Careful parents and school personnel cannot always prevent the condition. However, it can be quickly and effectively eliminated.

To eliminate this condition, the eggs or nits as well as the lice must be destroyed and removed or otherwise the head will be quickly infested again with new lice. It is also extremely important that bed clothes, clothing, caps, hats, scarves, and other articles used by the infested person be thoroughly laundered in hot water, dried in dryer or dry cleaned. Family members and other close contacts should be checked for evidence of infestation.

You may consult your physician for treatment or purchase over the counter preparations at your local pharmacy. Complete directions come with each bottle.

Children infested must be excluded from school until there is no evidence of lice or nits. Immediate and proper treatment takes no longer than one day; therefore, absence beyond a day or two is unnecessary. The excluded child must be checked by the school nurse, or other authorized person bedore re-admittance to school.

____
Date

PCHR 23 8-77

REQUEST FOR STUDENT

TO ______________________________ Rm. ____

Please send ______________________________

____

____

____

To the Clinic at ____________ on ____________

For: ______New student health survey
______Vision ______Hearing
______Dental ______Other
______Records ______________________
______Conference ______________________

____

____

____

Time expected out of class is 10-15 min.

Arrived ____________ Dismissed ____________

PCHR 24 8-77 ______________________

PUTNAM CITY SCHOOLS
PHYSICAL EDUCATION EXCUSE

NAME ______________________________

GRADE ____________ DATE ____________

Requested by: Parents ___ Nurse ___ Dr. ___

Reason: Illness ________ Injury ________

Other ______________________________

Rest P.E.______________________________Days

Limit P.E.______________________________Days

No P.E.______________________________Days

No showers for ______________________Days

To re-enter:

Bring Doctor Statement ________________
See Nurse ______________________________

____

PCHR 25 8-77

PUTNAM CITY SCHOOLS

Dear Parent,

According to School Health Records, ______________________________ Gr ________ needs the immunization(s) checked below. Please consult your attending physician or the Public Health Clinic of your choice.

In order for your school to keep accurate health records it is important for you to report any immunizations received by your child to the school nurse. Your cooperation will be appreciated. Thank you.

____
Date

____
School Nurse

PRIMARY IMMUNIZATIONS (Required for school attendance)	
Vaccine	Date Due
DPT/Td - Dose 1	
DPT/Td - Dose 2	
DPT/Td - Dose 3	
Polio - Dose 1	
Polio - Dose 2	
Polio - Dose 3	
Measles (given after age 1)	
Rubella (given after age 1)	

BOOSTER IMMUNIZATIONS (Recommended)	
Vaccine	Date Due
DPT - Dose 4	
DPT - Dose 5	
Td - Dose 4	
Td - Dose 5	
Polio - Dose 4	
Polio - Dose 5	
*	
*	

DPT - Diphtheria-Pertussis-Tetanus Td - Tetanus-Diphtheria * Other vaccine or test

VACCINES ARE AVAILABLE WITHOUT CHARGE AT THE FOLLOWING OKLAHOMA CITY-COUNTY HEALTH DEPARTMENT CLINICS. NO APPOINTMENT IS NECESSARY.

BETHANY
1st & 3rd Tuesday each month
Our Saviour Lutheran Church
(Peniel Street entrance)
6501 N. W. 23rd
8:30 a.m. - 11:00 a.m.

EXCHANGE
1st & 3rd Friday each month
Baptist Mission Center
2125 Exchange Avenue
8:30 a.m. - 11:00 a.m.

EDMOND
2nd & 4th Monday each month
Church of Christ
1101 E. 9th, Edmond
12:30 p.m. - 3:00 p.m.

KELLEY (City-County Health Dept.)
Each Friday
921 N. E. 23rd
8:00 a.m. - 11:30 a.m.

VARIETY HEALTH CENTER at 1504 S. Walker offers vaccines by appointment on Mondays 12:00 p.m. to 3:00 p.m. and Wednesdays 9:00 a.m. to 12:00 p.m. Phone 235-6466 for appointments

CHURCH OF THE RESURRECTION (Private) at 4828 Northwest Expressway offers free well baby care and vaccines the 2nd Thursday each month from 6:00 p.m. to 9:00 p.m.

PCHR 26 Rev. 8-83

PUTNAM CITY SCHOOLS
REPORT OF ABUSE AND NEGLECT

TO: Child Abuse Center
P. O. Box 26768
Oklahoma City, OK 73126

School ______________________

Date ______________________

Child ________________________________ Grade _____ Birth Date ________ Race _____

Address ______________________________ Phone __________ Business Phone __________

Parent or Guardian ____

( ) Possible Abuse ( ) Possible Neglect

Observed injuries and/or physical condition: ____________________________

____

____

____

Brief statement from child: ____

____

____

______________________________ Principal

______________________________ Nurse

______________________________ Witness

The following offices have been notified:

Police Department ______________________ Phone ________ Written ________

School Administration ______________________ Phone ________ Written ________

Custody of the above listed child was released to Officer ____________________

Badge No. ________ of the ________________ Police Department on this

________ day of __________, 19___ at ____ am/pm with the understanding that the Officer will notify the parents of said action as soon as possible.

____
Officer's Signature

PCHR 27 4-78 Original to Health Record Copies to Police Officer and Principal

PUTNAM CITY SCHOOLS

TO: School Personnel

Date ____________

FROM: ____________

RE: Student Health Information

According to school health records, ____________ Gr. ______

has the following health condition(s) ____________

Medications, treatments, and/or special considerations currently required are:

____

This information is considered confidential and should be noted appropriately in your records. Please initial below, forward to those listed and return to the nurse. If you are interested in additional information or inservice, please (✓) yes or no.

	yes no		yes no
Principal		Teacher	
Counselor		Teacher	
Teacher		Teacher	
Teacher		Other	
Teacher		Other	

PCHR 28 Rev. 8-83

PUTNAM CITY SCHOOLS

PARENT'S PERMISSION

Date ______________________

(Last) ______________________ (First) ______________________ ____________

Student Grade

has my permission to ______________________________________

(whatever case may be)

____

____

____

Signature of Parent or Guardian

PCHR 29 5-78

PUTNAM CITY SCHOOLS

TO: Parents/Guardians

RE: Medications at School

It is the policy of the Putnam City Schools that no drugs or medications of any kind be given to a student by school personnel except those prescribed by a physician.

Every effort should be made to give medication at home, as giving it at school does represent a disruption in the student's school day. However, if your physician orders medication that has to be taken during regular school hours, the following rules are to be followed:

1. Medication must be in the original container labeled by a pharmacist or physician.
2. Sample medications or over the counter drugs must be accompanied by a physician's order.
3. A written note of instruction by the parent must accompany the medication.
4. The medication is to be brought to the school nurse or school office. If you do not wish to send a large bottle of medication to school, we suggest that you ask your pharmacist to label an additional small container for use at school.

If you have any questions regarding this memo, please feel free to contact me.

____
Date

____
School Nurse

PCHR 30 Rev. 8-83

PUTNAM CITY SCHOOLS
INSTRUCTIONS FOR OBSERVATION AFTER HEAD INJURY

Any person receiving a blow to the head may have injury to the brain or to the small blood vessels in the brain. This is not always evident immediately following the accident. Therefore, it is important to watch the patient closely at home, particularly during the first 24 hours.

You should do the following:

1. Awaken the patient every 2 hours during the night and make sure he knows where he is, etc.
2. Check his eyes to see if both pupils are the same and react to light.
3. Do not give tranquilizers or sleeping pills. Give aspirin every 4 hours if your doctor approves.

Call your doctor or the emergency room immediately if the patient:

1. Develops very severe headache.
2. Vomits repeatedly.
3. Becomes confused or unconscious.
4. Develops double vision or one large pupil.

If there are any questions, call your doctor.

PCHR 31 4-80 Original to parent Copy for Health Record

PUTNAM CITY SCHOOLS

Dear Parent,

Your child, ____________________________, was excluded from school today because of the following symptoms:

__________ Fever

__________ Headache

__________ Skin Eruption

__________ Sore throat and/or cough

__________ Vomiting and/or Diarrhea

__________ Inflamed and/or draining eyes

__________ Other ____

__________ It is necessary to consult your physician for a diagnosis and return a written release for the child to return to school.

In order to insure a more complete recovery of your child and to help control the spread of communicable disease at school, it is advisable to keep a sick child at home for twenty four (24) hours after fever or other abnormal symptoms have subsided. Your child's health is more important than perfect attendance. Your cooperation in this matter will be appreciated.

____
Date

____
School Nurse or Principal

PCHR 32 11-81 Original to parent Copy for Health Record

your school nurse serves

children

parents

staff

community

Putnam City Schools
Health Services
5700 N.W. 40th St.
Oklahoma City, OK 73122
(405) 495-5200

PCHR 33 5-82

Dear Parent,

The primary objective of the Putnam City School Health Services is to strengthen the educational process of children and youth by assisting them to improve or adapt to their health status.

The program is coordinated so that it is basically the same in each school - designed to maintain, improve and promote the health of the school age child so that a maximum educational potential may be obtained.

We trust this brochure will be helpful to you in understanding the health related activities provided for your child.

Leah Leach, R.N.
Health Services Coordinator

from the superintendent....

The education and health of your child is of the utmost importance to each member of the Putnam City Board of Education and all members of the administrative and school staffs. We believe the Health Services Program in the Putnam City schools will mean a better tomorrow for our students.

Please feel free to call on us when we can be of service to you and your child.

Sincerely,

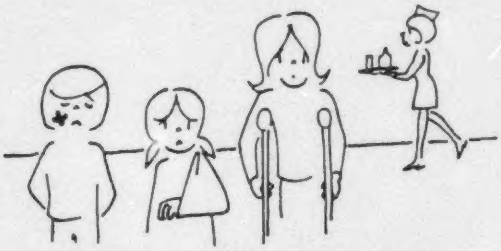
C. Ralph Downs

HEALTH SERVICE STAFF

All school nurses employed by the Putnam City Schools are R.N.'s and are certified by the Oklahoma State Department of Education.

A full time nurse is assigned to each secondary school. Elementary nurses are assigned to two schools and spend their time equally between them.

EMERGENCY CARE



In case of illness or accident at school, the nurse or other qualified person provides first aid and notifies the parent or other designated person. In an extreme emergency, when the parent cannot be reached, the child's physician will be called or the student will be taken to a hospital emergency room. The Putnam City School District does not assume any expenses associated with this type of necessary action.

In order to avoid delay in contacting parents, it is most important that you keep school personnel informed of phone, address, or employment changes.

IMMUNIZATIONS

Oklahoma law requires that parents or guardians of all minor children enrolled in public, private or parochial schools:

1. Present a certificate of completed immunization.
2. Be in the process of receiving the required immunizations.
3. Meet the exemptions for medical, religious, or parental objection.

Immunizations required are 3 DPT/DT, 3 oral Polio, Measles and Rubella.

MEDICATIONS AT SCHOOL

Every effort should be made to give medication at home, as giving it at school does represent a disruption in the student's school day. However, if your physician orders medication that has to be taken during regular school hours, we must insist that these rules be followed:

1. Medications must be in a container appropriately labeled by a pharmacist or physician.
2. A written note of instruction by the parent must accompany the medication.
3. The medication is to be brought to the school nurse or school office. It is advisable to send only one day's supply.

EXERCISE... REST... DIET.... HYGIENE...

Daily exercise, outdoors when possible, is important for optimal growth. Excuses from this without good cause are discouraged.

A minimun of 8-10 hours of sleep for the school-age child helps combat susceptibility to infection and insures energy.

A balanced daily diet is essential to maintain a normal growth pattern. Children will be less prone to stomach and headaches if they have an unhurried substantial breakfast.

A physician's statement is required when a child needs food substitutes.

Regular bathing, shampoos, teeth brushing, and clean clothing are vital in promoting a feeling of well being and acceptability.

CHILD ABUSE AND NEGLECT

Oklahoma law mandates that any suspected cases of abuse or neglect to children under the age of 18 be reported to the local Department of Public Welfare by any person having reason to believe that such an incident has occurred. The Department of Public Welfare provides services to protect children and to help parents function more adequately.

COMMUNICABLE DISEASE CONTROL

Students should not come to school with fever, sore throats, severe coughs, colds, infected eyes, or skin rashes. If these symptoms are noted at school, the parents are notified and the child is sent home.

Symptoms of nuisance diseases such as head lice, impetigo, ringworm, and scabies are conditions which, if present, necessitates exclusion from school until adequately treated.

If your child has a contagious disease, please notify the school office immediately. Exclusion requirements will be discussed.

PHYSICAL EDUCATION

A written parental request is necessary in order for a child to be excused from P.E. classes. A physician's statement is required for students having health problems prohibiting participation in P.E., or those needing modified programs.

EMOTIONAL HEALTH

Healthy children are happy children most of the time. Yet growing up is not always as easy as it seems. Behavior problems which do not yield to kindly common sense approaches and which continue unaltered should alert parents to the need of professional help. The school nurse assists in identifying and referring these needs.

SCHOOL SCREENING TESTS

It is understood that parents or guardians have primary responsibility for the health of their children.

However, though children may have regular, personal health care, they can benefit from school health screening programs which emphasize health education, health promotion, disease prevention, and identification of health problems.

The goal of the health screening in Putnam City Schools is to assess and evaluate the total health and developmental state of each student. Some of the screening tests provided routinely and at regular intervals include those for vision, hearing, height-weight measurement, dental, blood pressure, and scoliosis.

All health related problems are referred to the parent or guardian for further professional evaluation. A return report to the school is requested.

PUTNAM CITY SCHOOLS

COMMUNICABLE DISEASE REPORT

School ____________________ Nurse ___________ Week Ending __________

NAME	GRADE	DISEASE	NOTES

PCHR 34 9-82 Original to Health Services Copy for School Nurse

PUTNAM CITY SCHOOLS
ASTHMA INFORMATION AND ASSESSMENT SHEET

The following information should be obtained from parents when conference is held at enrollment or at the beginning of the school year.

____
Student's Name Grade Date

____
Parent's Name Address Phone

____
Alternate person to call in emergency Phone

____
Physician Name Phone

Date of last complete Medical Examination ____________________

Date of last visit to Physician ____________________________

Respiratory System

Cough

a. Does your child cough daily? Yes ____ No ____

b. If so, at what time of day does your child cough most? ________

c. Does the child bring up mucus, phlegm, or sputum? Yes ____ No ____

d. How much? ________

e. Does your child cough after exercising? Yes ____ No ____

Medication

a. Please list all medications your child takes:

Name of drug	Date prescribed	Dosage	How often

b. Is your child allergic to any drugs? ________________

History of asthma attacks

a. Date of diagnosis and by whom? ____________________

b. When was the first attack? (Age of child) ______________

c. When was the last attack? ______________

Was the doctor consulted? ______________

PCHR M1 8-83

d. How often are the attacks? ____________________

e. Is the child receiving allergy shots? ________ How often? ________

f. Has your child had other health problems? ____________________

If so, please list them ________________________________

g. Is there a pattern to your child's asthma attacks? ______________

Are they seasonal? ______________

Are the attacks less frequent than previously? ______________

Is the child outgrowing them? ______________

Do they occur at a particular time of the day or night? ______________

Do they occur on a particular day of the week? ______________

h. Are attacks precipitated by

weather __________

dust exposure ______

mold exposure ______

pollen exposure ____

foods __________

smoke __________

household spray ____

exercise ________

emotional stress ___

infection ________

other ________________________________

____

Profile of Typical Attack

a. Signs, symptoms, and progression of attacks ____________________

____

b. How handled ________________________________

Rest _________ Medication _________ 2nd medication ______

c. Usual outcome ________________________________

Impact of the Disease on the Child

Number of hospitalizations and emergency visits last year ____________

Number of school days lost last year ____________

PUTNAM CITY SCHOOLS
HEALTH SERVICES

School ______________________

Dear Parents,

It has been seven to ten days since your child was treated for head lice. This is a reminder that the second treatment is now due. After your child has been re-treated he/she must present proof of treatment (note from parent or physician or the box top from the medicated shampoo). He/she will be rechecked for the presence of head lice or nits before being readmitted to school. If the treatment was not satisfactory, he/she will not be readmitted to school.

Sincerely,

____
Date

____
School Nurse

PCHR M2 8-83

PUTNAM CITY SCHOOLS
HEALTH SERVICES

Dear Parent,

We are making every effort to control the spread of head lice in our schools. Your child was included in a screening examination today. Attached is a folder What You Should Know About Lice which we hope will be helpful in your understanding of this problem.

Date

Nurse

PCHR M3 8-82

PUTNAM CITY SCHOOLS
HEALTH COUNSELING RECORD

SCHOOL

NURSE

YEAR

STUDENT	GR	HEALTH PROBLEM	DATE OF COUNSELING OR INSERVICE			
			STUDENT	PARENTS	CLASSMATES	FACULTY

PCHR M4 8-83

PUTNAM CITY SCHOOL HEALTH SERVICES

REQUEST FOR HEARING EVALUATION

School ______________________ Date ____________

Name of student ______________________________ Date of birth __________

Grade or Special Section ______________________ Teacher ________________

Referred by ____

Statement of Concern ______________________________________

____

____

Contributory background (include previous evaluations, treatments, etc.) _________

____

____

____

____
School Nurse

PCHR M5 8-83 Original to Health Services Copy for School Nurse

MEDICATION PERMIT

NAME ______________________________

Home Room __________ Date __________

Medication permitted to take:

Rx no. _________ Dr. ______________

Date begin _________ ending ________

____

____
School Nurse

PCHR M6 8-80